STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911325	07/09/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hpls Assisted Living Inc	300 East Kaley Avenue Orlando, FL 32806	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0076 - 58a-5.0186 Fac - S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= B

Specific Tag Findings:
0000-Initial Comments
conducted Assisted Living Facility Biennial re-licensure survey with LNS.

HPLS Assisted Living had deficiencies found at the time of the visit.

007(58A-5.0186 FAC
Based on record review and interview the facility failed to ensure a statement of the facility's policy concerning pursuant to Section 429.255, F.S. and Rule 58A-5.0186, F.A.C.,

Findings:

Review of the facility's Policy and Procedure revealed the policy did not include the required documentation to the residents or their representatives at the time of admission. The policy and procedure did not include the following:

In the event a resident is receiving hospice services and experiences facility staff must immediately contact the hospice. The hospice procedures shall take precedence over those of the assisted living facility.

Interview with the administrator on at approximately 2 PM who stated the policy needed to be revised.
Class III

081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview the facility failed to ensure 1 of 2 sampled staff (Staff B), who provided direct care received within 30 days of employment received training in safe food handling, facility emergency procedures and evacuation training, and training in resident elopement policy and procedures.

Findings:

Review of personnel files for Staff B hired in 2013 revealed there was no documentation to indicate they had the following training within 30 days of employment in facility emergency procedures and evacuation training.

Interview with the administrator on at approximately 2 PM who stated the staff needed to have the training.

Class III

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	AL11911325	07/09/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hpls Assisted Living Inc	300 East Kaley Avenue Orlando, FL 32806	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on record review and interview the facility failed to ensure the person in charge of food services (Staff A) completed 2 hours of continuing education annually in topics pertinent to nutrition and food service.

Findings:

Review of personnel files revealed there was no documentation to indicate the person in charge of food services, Staff A, had completed 2 hours of continuing education annually.

Interview with the administrator on [redacted] at approximately 2 PM stated she did not have the training.

Class III

0167-Resident Contracts 58A-5.025(1) FAC
Based on record review and interview the facility failed to ensure the contract included a provision that residents must be assessed every three years, or after a significant change for 2 of 4 sampled residents (#1 & 2).

Findings:

Review of contracts for resident #1 and #2 revealed a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change was not included in the contract.

Interview with the administrator on [redacted] at approximately 2 PM who stated she was not aware the contract did not state the required information and would update it.

Class [redacted]

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Hpls Assisted Living Inc
300 East Kaley Avenue
Orlando, FL 32806

Dear Administrator:

Re: Biennial with LNS

This letter reports the findings of a state licensure survey that was conducted on 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013,** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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