STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966454	07/18/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Williams Loving Care	**4213 Chantelle Road Orlando, FL 32808**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0007-Admissions - Criteria-07/18/2013
0008-Admissions - Health Assessment-07/18/2013
0025-Resident Care - Supervision-07/18/2013
0030-Resident Care - Rights & Facility Procedures-07/18/2013
0093-Food Service - Dietary Standards-
0162-Records - Resident-C

Revisit Repeat Tags:
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac

Revisit New Tags:
0078-Staffing Standards - Staff-58a-5.019(2) Fac

Specific Tag Findings:

0000-Initial Comments
7/18/13 conducted follow up to the 5/6/13 Assisted Living Facility with Limited Nursing Services biennial relicensure survey.

William's Loving Care had deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and interview the facility failed to ensure when unlicensed staff provided assistance with the self-administration of medications, the staff followed the appropriate procedure at all times and did not administer medication to 1 of 2 sampled residents (#2)

Findings:
Observation on at approximately 12:30 PM revealed, the med tech, obtained medication from secure area, compared label to Medication Observation Record, put medication in a cup, returned medication to secure area and crushed medication in applesauce. The unlicensed staff held the spoon in the resident's hand with her hands over the resident's hand, the resident was unable to grasp the spoon and the staff held resident's hand so that the spoon would not l out of her hand. The resident dropped the spoon and the staff picked it up and held it in the resident's mouth so that she could take the remaining medication on the spoon.

The unlicensed staff administered the medication to the resident.

Resident record review revealed an Assisted Living Facility Health Assessment form (1823) dated that stated diagnoses of and acute and needed assistance with self-administration of medication. The resident was and oriented to name only.

Phone interview with the administrator on at approximately 1 PM who stated the resident needed hand over hand assistance from the staff to hold the spoon when taking her medication.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966454	**07/18/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Williams Loving Care	**4213 Chantelle Road Orlando, FL 32808**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview the facility failed to ensure all staff were assigned duties consistent with their level of education, training and preparation and experience and did not ensure a nurse administered medication to 1 of 2 sampled residents (#1) who was

Findings:

Resident record review revealed an Assisted Living Facility Health Assessment form (1823) dated that stated diagnoses of and acute and needed assistance with self-administration of medication. The resident was and oriented to name only.

Observation on at approximately 12:30 PM revealed, the med tech, obtained medication from secure area, compared label to Medication Observation Record, put medication in a cup, returned medication to secure area and crushed medication in applesauce. The unlicensed staff held the spoon in the resident's hand with her hands over the resident's hand, the resident was unable to grasp the spoon and the staff held resident ' s hand so that the spoon would not out of her hand. The resident dropped the spoon and the staff picked it up and held it in the resident's mouth so that she could take the remaining medication on the spoon.

The unlicensed staff administered the medication to the resident.

Phone interview with the administrator on at approximately 1 PM who stated the resident needed hand over hand assistance from the staff to hold the spoon when taking her medication.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Williams Loving Care
4213 Chantelle Road
Orlando, FL 32808

RE: Revisit to Biennial w/LNS

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on
18, 2013 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than . 2013.**

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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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