STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967636	07/10/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Smallville Ii	10631 Jane Eyre Drive Orlando, FL 32825	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= B
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0076 - 58a-5.0186 Fac - S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= B

Specific Tag Findings:

0000-Initial Comments
a\n unannounced biennial Assisted Living Facility (ALF) survey was conducted.

Smallville II had deficiencies found during the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview the facility failed to ensure that the medical examination was recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010 for 1 of 2 sampled residents (#1).

Findings:

Resident record review at approximately 1 PM revealed a health assessment report AHCA form 1823 2010 dated listed diagnoses of II.

The administrator stated that she had overlooked the assessment from and did not realize it was the outdated one.

Class Based on observations, record review and interview the facility failed to ensure the staff who assisted with self-administration of medications brought the medication to the resident on its original dispensed container and read the label to the resident, for 1 of 3 sampled residents (#1).

Findings:

At approximately 12:30 PM the administrator/owner/non-licensed staff took meds from the secure locked kitchen cabinet. The noon medications were removed and the other medications were secured. He placed a pill in the bottle lid and the resident took the pill. The second pill, he told her it was her pain pill and proceeded with the same steps as above. He did not read the label out loud to the resident. He stated at the time that he did not know he had to read the label out loud to the resident.

Class III

007(58A-5.0186 FAC
Based on record review and interview the facility failed to ensure that the policies and procedures contained all the requirements for 1 of 2 sampled residents (#1).

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Findings

Review of the facility's procedures included in the residents' records for resident#1 1 at approximately 1 PM revealed the policy did not contain all the required components to include residents under the care of hospice. Pursuant to Section 429.255, F.S., an ALF must honor a properly executed as follows: (b) In the event a resident received hospice services and experienced , facility staff must immediately contact the hospice. The hospice procedures shall take precedence over those of the assisted living facility.

The administrator stated at the time that the documentation was overlooked.

Class III

0167-Resident Contracts 58A-5.025(1) FAC
Based on resident record review and interview the facility failed to ensure that 1 of 2 sampled residents (#1) contracts listed all the required components.

Findings:

Individual resident record review for residents #1 approximately 1 PM revealed that the contracts did not include a statement to inform the residents or responsible party that as part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever came first.

The administrator stated at the time that the documentation was overlooked.

Class

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Smallville II
10631 Jane Eyre Drive
Orlando, FL 32825

Dear Administrator:

Re: Biennial relicensure

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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