STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966665	**07/11/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Avalon's Assisted Living	**1250 Willow Branch Drive Orlando, FL 32828**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0009 - 58a-5.0181(3) Fac - Admissions - Admission Package S-S= B
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0076 - 58a-5.0186 Fac - [illegible] S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And [illegible] S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments
[illegible] unannounced biennial re-licensure survey with Limited Nursing Services (LNS) was conducted. Avalon's Assisted Living Facility had deficiencies found during the visit.

0007-Admissions - Criteria 58A-5.0181(1) FAC
Based on observation, record review and interview the facility failed to follow admission criteria for 1 of 4 sampled residents (#1) who was unable to transfer and exceeded requirements for admission to the ALF.

Findings:

Resident record review for #1 revealed there was no documentation to review to indicate a health assessment (1823) was completed by the healthcare provider upon admission to the facility to determine the resident's appropriateness for placement in the facility. The resident was admitted to the facility on [illegible].

Observation on [illegible] at approximately 1 PM revealed the staff turned the resident while he was in bed and the [illegible] lower extremities were noted to be flaccid. The resident was asked at that time, what type of health problems did he had. He stated he had a [illegible] on each side. The resident was observed while being transferred from the bed to the wheelchair by two staff. The resident was unable to bear weight and stand, his legs were flaccid and buckled when transferred. The staff lifted the resident under the armpits and supported his weight to transfer him into the wheelchair.

Interview with the administrator on [illegible] at approximately 1:30 PM who was informed the resident was unable to stand and assist with the transfer and was an inappropriate admission. She verbalized understanding that the resident exceeded admission criteria.

Class III

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview the facility failed to ensure 1 of 4 sampled residents (#1) had a face-to-face medical examination conducted by a licensed health care provider and a medical examination form (1823) completed within 60 calendar days prior to the individual's admission to a facility pursuant to Section 429.26(4), F.S.

Findings:

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Resident record review for #1 revealed there was no documentation to review to indicate a health assessment (1823) was completed by the healthcare provider upon admission to the facility to determine the resident's appropriateness for placement in the facility. The resident was admitted to the facility on

Interview with the administrator on at approximately 12 PM who stated she was unable to locate the resident's health assessment and possibly the physician had the 1823.

Class III

0009-Admissions - Admission Package 58A-5.0181(3) FAC
Based on record review and interview the facility failed to ensure 1 of 4 sampled residents (#2) had a signed copy of the residency contract.

Findings:

Resident record review revealed #2 admitted on did not have a signed copy of the residency contract.

Interview with the administrator on at approximately 12:45 PM who stated the resident refused to sign the contract.

Class

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review and interview the facility did not ensure the use of physical was limited to 1/2 side rails and only with a biannual written order from the resident's physician for 1 of 4 sampled residents (#1).

Findings:

Entrance conference on at approximately 10 AM revealed resident #1 was not receiving hospice services.

Observation at approximately 9:30 AM revealed resident #1's bed had full side rails. Interview with the resident on at approximately 11 AM who stated he was unable to raise and lower the side rails.

Record review revealed there was no physician's order for the use of the side rails.

Interview with the administrator on at approximately 2 PM who stated the resident did not have an order for the use of the rails.

Class III

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.,

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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 , the 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 12:45 PM who stated the policy needed to be revised.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on personnel record review and interview the facility failed to ensure that a staff member who had completed courses in both, First Aid and , and held a currently valid card documenting completion of such courses was in the facility at all times.

Findings:

Observations during the facility tour at approximately 8:30 AM noted there were 4 residents in the facility.

Review of the staff schedule for indicated staff B worked from 8 PM to 8 AM alone on 7/1, 7/3 and and from 8 AM to 8 PM on 7/2, 7/4, 7/8 and from 8 AM to 8 AM on . Staff B was the sole caregiver between the hours of 8 AM to 8 PM and 8 PM to 8 AM on those dates.

Personnel record review at approximately 11:30 AM for staff B revealed she was hired as an independent contracted caregiver staff on . The record review revealed the current certification expired on . Continued review revealed no evidence to confirm she had attended a Fist Aid course and had current certification in Fist Aid.

The administrator stated at approximately 2 PM she thought it was included in the . An opportunity was provided to locate evidence of current Fist Aid certification and fax it to the Agency Area Office 7 by the closing of business on this date. A fax that included First Aid certification for staff B was not received.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and interview the facility, who assisted the residents with self-administration of medications, failed to ensure the resident signed the informed consent, described in Rule 58A-5.0181, F.A.C for 1 of 4 sampled residents (#2).

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Findings:

Resident record review for #2 revealed an Assisted Living Facility health assessment form (1823) dated [redacted] that stated the resident received assistance with self-administration of medications.

There was no documentation to review to indicate the resident had signed an informed consent described in Rule 58A-5.0181, F.A.C., that indicated if a nurse would oversee medications.

Interview with the administrator on [redacted] at approximately 1:30 PM who stated the resident did not sign the informed consent.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Avalon's Assisted Living
1250 Willow Branch Drive
Orlando, FL 32828

Dear Administrator:

Re: CCR #Biennial relicensure 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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