STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932406	07/29/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
All Seasons Assisted Living	509 W. Verona Street Kissimmee, FL 34741	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Limited Nursing Services (LNS) monitoring was conducted.

All Seasons Assisted Living Facility had deficiencies found during the visit

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel record review and interview the facility failed to ensure that one of 3 sampled staff (A) who provided direct care to residents received an in-service training regarding resident rights in an assisted living facility and 2. Recognizing and reporting resident , neglect, and
Findings:

Personnel record review at approximately 1:30 PM revealed staff B was hired . Continued review revealed no evidence to confirm she received an in-service training regarding resident rights in an assisted living facility and 2. Recognizing and reporting resident , neglect, and
The assistant administrator said as she though the staff was trained but was unable to locate the certificate.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record personnel record review and interview the facility failed to ensure 1 of 3 unlicensed staff (A), who assisted residents with self-administration of medications, received 4 hours medication training prior to assuming the responsibility.

Findings:

Personnel record review for staff A at approximately 1:30 AM revealed a certificate that indicated she received training on "administration of medication to elderly patient's part 2" dated . There was no evidence the course provided fulfillment of the requirements for assistance with self- administration of medication in an assisted living facility.

The assistant administrator stated at the time, the staff assisted residents with medications and she thought that certificate would be sufficient.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932406	07/29/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
All Seasons Assisted Living	**509 W. Verona Street Kissimmee, FL 34741**	

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

0161-Records - Staff 58A-5.024(2) FAC
Based on personnel record review and interview the facility failed to ensure 1 of 3 (C) sampled staff records contained freedom from

Findings:

Personnel record review at approximately 1:30 PM for staff C revealed a healthcare provider's statement that indicated freedom from dated Continued review revealed no evidence to confirm he obtained freedom from yearly (due

The assistant administrator stated at the time, the statement was overlooked.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
All Seasons Assisted Living
509 W. Verona Street
Kissimmee, FL 34741

Dear Administrator:

Re: LNS monitoring

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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