STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968271	08/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Anne's Home Alf Inc	955 Tuskawilla Rd Winter Springs, FL 32708	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0054-Medication - Records-08/26/2013

Revisit New Tags:
0078-Staffing Standards - Staff-58a-5.019(2) Fac
Z827-Unlicensed Activity-408.812, Fs

Specific Tag Findings:

0000-Initial Comments

Second Revisit to Complaint Inspection #2013001960 was conducted on 8/26/13. Anne's Home ALF Inc. had new deficiencies found at the time of the visit.

0078-Staffing Standards - Staff-58a-5.019(2) Fac
Based on observation and interview, the facility failed to ensure unlicensed staff were assigned duties consistent with their level of education, training and preparation and experience, and did not ensure a nurse applied and removed a for 1 of 4 sampled residents (#1.)

Findings:

Observation on at approximately 10:35 AM revealed resident #1 sitting in her wheelchair and with a brace on her left leg over her clothes. The resident was not interviewable due to her status.

Record review revealed an ALF Health Assessment 1823, updated on , that read diagnoses of right closed femur and agitation. The 1832 also indicated the resident had left foot drop, was alert to self, babbled at times, and wears on left foot around the clock. According to the 1823, the resident was independent with eating and needed assistance with ambulation, dressing, bathing, toileting and transferring. The resident was on also received hospice care. Review of "Hospice Nursing-Initial/Updated Comprehensive Assessment", dated read that staff was to apply barrier cream to the left lower extremity and heel twice a day.

In an interview with unlicensed staff A on 13 at approximately 10:40 AM, she stated the resident had footdrop and the family member requested that she wear the brace at all times. She also said the resident wore the at all times and she took the brace off to put lotion on her leg, and then put the brace back on.

Unlicensed staff applied and removed the leg brace, a Limited Nursing Service.

Class III

Z827-Unlicensed Activity 408.812, FS
Based on observation, record review and interview, the facility failed to ensure to obtain a Limited Nursing Services (LNS) license before performing LNS services for 1 of 4 sampled residents (#1).

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968271	08/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Anne's Home Alf Inc	955 Tuskawilla Rd Winter Springs, FL 32708	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Review of the facility's posted license revealed a Standard Assisted Living License that expired on .

Observation on at approximately 10:35 AM revealed resident #1 sitting in her wheelchair with a brace on her left leg over her clothes. The resident was not interviewable due to her status.

Resident record review revealed an ALF Health Assessment 1823, updated on , indicated the resident had and left foot drop, and wears an on left foot around the clock. The resident needed assistance with dressing, bathing, , toileting and transferring.

Review of "Hospice Nursing-Initial/Updated Comprehensive Assessment", date , read that staff was to apply barrier cream to left lower extremity and heel twice a day.

In an interview with unlicensed staff A on 13 at approximately 10:40 AM, she said the resident had footdrop and the family member requested that she wear the brace at all times. She also said the resident wore the brace at all times and she took the brace off to put lotion on her leg, and then put the brace back on.

The unlicensed staff applied and removed the leg brace, a Limited Nursing Service.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Anne's Home Alf Inc
955 Tuskawilla Rd
Winter Springs, FL 32708

RE: Revisit to CCR#2013001960

Dear Administrator:

This letter reports the findings of a **second** State Licensure Revisit Survey conducted on , 26, 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,

for Theresa DeCanio, RN
Field Office Manager

LH./be
Enclosure

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