STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968083	09/19/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Avalon Assisted Living	**2580 First Street Fort Myers, FL 33901**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0052-Medication - Assistance With Self-Admin-09/19/2013

Revisit New Tags:
0056-Medication - Labeling And Orders-58a-5.0185(7) Fac

Specific Tag Findings:

A second follow-up to the Biennial survey was conducted at Avalon, an Assisted Living Facility (ALF), on 9/19/13.

A0052 was corrected; however A0056 was cited as follows:.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, record review and staff interview, the facility did not ensure orders for "as needed" medications had parameters and the reason for the medications for 2 (Residents #7 and #8) of 3 resident's medications reviewed.

The findings include:

1. A review of Resident #7's medications shows 25 milligrams. She is to take this medication for the first 14 days at night and then "as needed." A review of the doctor's order dated shows "prn." There is no reason as to why Resident #7 is to take this medication and no parameters, such as how often and maximum amount to be taken in a 24 hour period.

2. A review of Resident #8's medications shows 2% cream. The doctor's order dated shows to apply twice a day "prn."

3. An interview was conducted with the office manager at 12:00 p.m. on She stated she is not sure where the cream for Resident #8 is to be applied because she does not do the medications. However, she reviewed the medication and physician order and was not able to determine where the medication is to be applied.

4. An interview was conducted with Resident #8 at 12:00 p.m. She was able to tell the surveyor where this cream is to be applied.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Avalon Assisted Living
2580 First Street
Fort Myers, FL 33901

Dear Administrator:

This letter reports the findings of a **second** State Licensure Revisit Survey conducted on 19, 2013 by a representative 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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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Tallahassee, FL 32308
http://ahca.myflorida.com

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