STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968271	10/29/2013
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 Repeat Tags:
0078-Staffing Standards - Staff-58a-5.019(2) Fac
Z827-Unlicensed Activity-408.812, Fs

Revisit New Tags:
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac

Specific Tag Findings:
0000-Initial Comments
An unannounced revisit survey was conducted on 10/29/13.

Anne's Home ALF, Incorporated, had deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations and interviews, the facility failed to ensure that when staff provided assistance with self-administration of medications, the staff followed the appropriate procedure to take the medication, in its dispensed, properly labeled container to the resident , in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, close the container, and return the medication to storage for 5 of 5 sampled residents (#1, 2, 3, 4 & 5).

Findings:

Observation on [redacted] at approximately 9:20 AM revealed Staff A, who was assisting the residents with self-administration of medications, was in the facility office with plastic cups on the desk. The staff pre-poured medications for the residents #1, #2, #3, #4 and #5 in the plastic cups with their names on them. There were pills observed in the cups. Staff A took the labeled cups, did not read the labels to the residents and gave them their medications with water to take.

The staff did not take the medication, in its dispensed, properly labeled container to the resident and in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, close the container and return to the medication storage.

Interview with Staff A on [redacted] at approximately 10 AM who stated she had taken the 4 hour medication class, which included a practicum on assisting the residents with medications. She stated she was observed during the training doing one medication pass.

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Phone interview with the manager on [redacted] at approximately 10:35 AM who stated she was not aware Staff A did not follow the proper procedure when assisting with medications, stated the staff had the training and she had gone over the proper procedure for assisting with medications with the staff.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
THE FOLLOWING DEFICIENCY REMAINED UNCORRECTED AT THE TIME OF THE REVISIT SURVEY.

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 compression stockings for 1 of 5 sampled residents (#2).

Findings:

Observation on [redacted] at approximately 9:05 AM revealed resident #2 was wearing [redacted] compression hose.

Interview with resident #2 on [redacted] at approximately 9:05 AM who stated the staff put his stockings on for him every day.

Review of resident record revealed an Assisted Living Facility Health Assessment Form (1823) dated [redacted] that stated diagnoses of [redacted] with previous [redacted] and [redacted] insufficiency. The resident was alert and legally [redacted]

Review of physician order dated [redacted] stated wear compression stockings daily.

Interview with the unlicensed staff on [redacted] at approximately 9:30 AM who stated she applied and removed the compression stockings daily.

The facility did not obtain a Limited Nursing Services (LNS) license before providing an LNS service ensure a licensed nurse provided the service.

Phone interview on [redacted] at approximately 10:35 AM with the manager who stated she

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Anne's Home Alf Inc	955 Tuskawilla Rd Winter Springs, FL 32708	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

was not aware that applying compression stockings was a Limited Nursing Service (LNS).

Class III

Z827-Unlicensed Activity 408.812, FS
THE FOLLOWING DEFICIENCY REMAINED UNCORRECTED AT THE TIME OF THE REVISIT SURVEY.

Based on observation, record review and interview, the facility failed to ensure that they obtained a Limited Nursing Services license before performing the service for 1 of 5 sampled residents (#2).

Findings:

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

Observation on , at approximately 9:05 AM revealed resident #2 was wearing compression hose.

Interview with resident #2 on , at approximately 9:05 AM who stated the staff put his stockings on for him every day.

Review of resident record revealed an Assisted Living Facility Health Assessment Form (1823) dated , that stated diagnoses of with previous and insufficiency. The resident was alert and legally .

Review of physician order dated , stated wear compression stockings daily.

Interview with the unlicensed staff on , at approximately 9:30 AM who stated she applied and removed the compression stockings daily.

The facility did not obtain a Limited Nursing Services (LNS) license before providing an LNS service.

Phone interview on , at approximately 10:35 AM with the manager who stated she

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was not aware that applying compression stockings was a Limited Nursing Service (LNS).

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

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

RE: 3rd revisit to CCR#2013001960

Dear Administrator:

This letter reports the findings of a **third revisit** to complaint investigation survey conducted on , 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,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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