STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966665	11/22/2013
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 - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= G

(If revisit, delete corrected tags/text)
Specific Tag Findings:

0000-Initial Comments

Complaint Inspection #2013010968 was conducted on [redacted] and [redacted] Avalon's Assisted Living had a deficiency found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observations, interview and record review, the facility failed to ensure it provided care and services appropriate for 1 of 3 sampled residents after staples were placed in the resident's scalp, and did not document efforts to have the staples cared for after she was discharged from the hospital (#1).

Findings:

Observations on [redacted] at approximately 10 a.m. during the facility tour found resident #1 in bed lying on her left side, asleep. There was a large [redacted] on the right side of the resident's face covering the right cheek area. Observations on [redacted] at approximately 2:15 PM found resident #1 in bed on her back asleep.

Resident #1' health record revealed a health assessment dated [redacted] listed a weight of 140 pounds. The assessment was signed by a doctor located at 7727 Lake Underhill Rd-Orlando FL at 407-303-8110. This telephone is for Florida Hospital not a doctor's office. The diagnoses were [redacted] and [redacted] According to the assessment, she was [redacted], became [redacted] needed constant reinforcement, had a walker, and was at risk for [redacted] She was on a regular diet, and needed assistance with-self administration of medications. Supervision was needed with ambulation, bathing, [redacted], toileting and transfers. The resident was independent in eating and dressing. She was appropriate for an Assisted Living Facility (ALF).

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An observation log note dated read, "Resident found stumbling out with her shirt and no bottoms. It appears she may have lost control of her was displayed on floor she had her bottoms off. I was sighted on her head which appeared to be a raised area. First aid was conducted while waiting for paramedics (EMT) arrival due to speculation the resident and possibly hit her head. She continued to say she was Ok while being escorted. She walked with her walker to dining Information, date of birth, diagnoses and a list of medications were given to EMT. Nurse @ Florida/ Hospital was given the report. Next of kin notified." Continued review revealed an order dated for Omnicef, an , 300 milligrams (mg.) every 12 hrs.

A hospital discharge summary, dated at 3:56 PM, listed the resident's medications. Pheynotoin 100 mg. 2 caps twice daily, 10 mg. at bedtime, 50 mg. daily, and Memantene 10 mg daily. The documents did not indicate what care needed to be given to the staples and their removal.

Facility note dated read, "Resident found on floor, put to bed with walker. She asked for help to get up; she received the help and was escorted to She received ice to her head and complied. Resident emergency evaluation at the hospital. All that applied was notified."

Observations on at approximately 3:30 PM revealed resident #1 remained in the bed. The resident was asked how she was feeling because she looked pale. The resident replied, "Compared to what?" Further observations revealed that she had staples in the top of her head. There was also dried on the resident's head near the 4 staples in her head. Her hair around the staples was shorter than the rest of her hair and the hair was not embedded in her scalp. The resident was asked if she was in pain and said "yes" but could not indicate the location of the pain.

The administrator, a licensed practical nurse (LPN), stated on at approximately 3:40 PM that the resident had the staples in since 2013. She had tried to get the resident to see the doctor who saw her at the hospital, but because she was discharged, he wouldn't see her.

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The administrator was asked on at approximately 4 PM to get the resident out of bed. This was requested to make sure the resident was not bed bound and was able to ambulate and transfer. The administrator told the resident about our request. The administrator got the resident's walker and placed it by the bed. The resident moaned. The administrator placed the wheelchair by the bed and when she attempted to get the resident out of bed, the resident was not able to sit up. The resident leaned to the side and was not able to assist with the transfer. The resident began to look pale and make gurgling sounds. It was suggested to the administrator to call 911, because the resident was not looking well. She could not sit up, continued to lean to the side, and became A call to 911 was done. arrived in approximately 15 minutes and transported the resident to the hospital. The resident was taken out of the facility via ambulance at approximately 5:40 PM. placed a neck brace on her and stated she would be taken to Florida Hospital East.

Review of the hospital record received on revealed the resident was seen in the emergency at 1 PM because of a and injury to the head. The resident's hospital record indicated she from a standing position. Four (4) staples were applied to scalp. The Emergency Physician Record, progress and hospital note of indicated the laceration to the right parietal was 3 centimeters with present. The diagnoses were scalp laceration and . The case management dated at 11:29 AM indicated spoke with son by phone he would like for her to return to Avalon's if able. The case management note, dated at 11:15 AM, indicated the resident's son was called and made aware she would be returning to Avalon's. Review of the hospital record did not reveal any instructions about care of the staples, when to remove the staples, and medical follow up.

According to the administrator's statements on at approximately 3:40 PM, resident #1 had staples in her scalp since 2013. She stated she had tried to get an order for home health, but the hospital would not give an order and the doctor who saw the resident at the hospital would not do remove the staples because she was discharged from the hospital. She had not documented her efforts.

An exit was conducted on at approximately 3 PM on a conference call with the administrator to conduct the exit interview. The administrator stated the resident came from another facility with the staples. She said she asked the resident's son for the name of the

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resident's doctor but he did not bring the information to her. The facility staff washed the resident's hair. There was no , so she did not understand the harm to the resident. It was explained to the administrator that the resident should have been taken to a healthcare provider, either a hospital or walk-in clinic, to have her assessed and for a doctor to determine when to remove the staples. It was further explained to the administrator that when the resident left, the Emergency Department would have been a good time to request/ask for instructions regarding the care if any and when the staples should be removed.

Class II

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 #2013010968

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

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998