STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966600	12/16/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Transformation Assisted Living	**1963 Continental Blvd Orlando, FL 32808**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0090 - 58a-5.0191(11) Fac - Training - [redacted] S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
[redacted] Assisted Living Facility (ALF) with Limited Nursing Services (LNS) re-licensure survey was conducted.

The facility had a deficiencies found during the visit.

0090-Training - [redacted] 58A-5.0191(11) FAC
Based on interviews and personnel record review the facility failed to ensure that 2 of 3 sampled staff (A and B) received the required 1 hour training related to [redacted]

Findings:

1. In an interview with caregiver A on [redacted] at approximately 10 AM, she stated she was unable state what [redacted] was. She was unable to remember whether she was trained on [redacted] or not. We continued with the interview. At the end of the interview she could still not recall what a [redacted] was .

2. In an interview with caregiver B on [redacted] at approximately 10:30 AM, she stated she was not clear about what a [redacted] was. She was unable to remember whether she was trained on [redacted] or not. We continued with the interview. At the end of the interview she could still not recall what a [redacted] was.

In an interview with the administrator on [redacted] at approximately 3:30 PM, she stated that she had trained both staff.

Class III

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

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observations and interview the facility failed to ensure a 3-day supply of non-perishable foods that included fruits, vegetables and water sufficient for drinking and food preparation was stored and available

Findings:

In an interview on [redacted] at approximately 9:15 AM with the administrator, she stated the census was 6 residents.

Resident record review at approximately 2:30 PM revealed that the facility would provide 3 meals and 2 snacks daily.

Observations on [redacted] at approximately 1:15 PM of the facility's food storage noted 10 gallons of water, 141.5 ounces of fruit and there were no long shelf- life vegetables.

Based on a census of 6 residents the facility needed 18 gallons of water (3 gallons x 6 residents), 216 ounces of vegetables (6 residents x 12 ounces x 3 days) and 144 ounces of fruit (6 residents x 8 ounces x 3 days) available at all times for emergency use.

In an interview on [redacted] at approximately 3 PM with the administrator, who stated the emergency food supply needed to be re-stocked.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Transformation Assisted Living
1963 Continental Blvd
Orlando, FL 32808

Dear Administrator:

Re: Biennial with LNS

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 **2014,** 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

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