STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967498	01/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Swan At Lake Conway Alf	3714 St Moritz Street Orlando, FL 32812	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0007-Admissions - Criteria-0
0008-Admissions - Health Assessment
0025-Resident Care - Supervision
0028-Resident Care - Activities Of Daily Living-01
0053-Medication - Administratio
0167-Resident Contracts-(

Revisit Repeat Tags:
0055-Medication - Storage And Disposal-58a-5.0185(6) Fac
0079-Staffing Standards - Levels-58a-5.019(4) Fac
0081-Training - Staff In-Service-58a-5.0191(2) Fac

Revisit New Tags:
0090-Training - -5.0191(11) Fac
0161-Records - Staff-58a-5.024(2) Fac

Specific Tag Findings:

0000-Initial Comments
Unannounced revisit was conducted.

The facility had deficiencies found during the visit.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
DEFICIENCY REMAINED UNCORRECTED

Based on observations and interview the facility failed to ensure medications were kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times, out of sight of other residents.

Findings:

Observations at approximately 11:45 noted a box on top of counter in the kitchen by the dining area. The box was open and inside 3 bottles. The bottles were and 600 mg plus D 3 400.

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In an interview on at approximately 12 noon the owner stated after speaking with the staff the over the counter medications had just been delivered and she had not been able to secure them.

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC
DEFICEINCY REMAINED UNCORRECTED

Based on observations, staff schedule, personnel record review and interview the facility failed to ensure that at least one staff member who was trained in First Aid and cardio-puln was within the facility at all times when the residents were in the facility.

Findings:

Observations during the entrance and facility tour on at approximately 9:15 AM noted staff #A and #C were present at the facility. The staff stated the facility census was 8 residents.

Review of the facility's staff work schedule for the week of 1/5 to /14 revealed that staff #C was a live-in staff on Mondays, Tuesdays, and Thursdays. Staff A was scheduled to work Monday to Friday 7 AM to 3 PM.

Personnel record review for staff #C revealed a certification that expired There was no evidence to confirm a current First Aid and certification.

The facility did not have a staff with valid First Aid and certification from Monday to Thursday from 3 PM to 7 AM.

In an interview with the owner on at approximately 2:30 PM the owner validated the above findings.

Class III

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	AL11967498	01/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Swan At Lake Conway Alf	3714 St Moritz Street Orlando, FL 32812	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0081-Training - Staff In-Service 58A-5.0191(2) FAC
DEFICEINCY REMAINED UNCORRECTED

Based on interview and personnel record review the facility failed to provide or arrange for 1 of 3 sampled staff (# C) to attend all the mandated in-service training within thirty (30) days of employment.

Findings:

Personnel record review for staff # C hired on [redacted] revealed no evidence to confirm she attended a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: reporting major and adverse incidents; the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation. Also, staff C did not attend an in-service training regarding the facility's resident elopement response policies and procedures.

In an interview with the owner on [redacted] at approximately 1:30 PM she stated the staff had not attended the training.

Class III

0090-Training - [redacted] 58A-5.0191(11) FAC
Based on interview and personnel record review the facility failed to provide or arrange for 1 of 3 sampled staff (# C) to attend at least one hour of training in the facility's policies and procedures regarding [redacted]

Findings:

Personnel record review for staff # C hired on [redacted] revealed no evidence to confirm she attended a minimum of 1 hour in-service training within 30 days of employment the facility's policies and procedures regarding [redacted]

In an interview with the owner on [redacted] at approximately 1:30 PM she stated the staff had not attended the training.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967498	**01/13/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Swan At Lake Conway Alf	**3714 St Moritz Street Orlando, FL 32812**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0161-Records - Staff 58A-5.024(2) FAC
DEFICIENCY REMAINED UNCORRECTED

Based on personnel record review and interview the facility failed to ensure 2 of 3 sampled staff (#A & #B) records contained a statement from a healthcare provider that indicated freedom communicable .....

Findings:

Individual personnel record review for staff #A and #B at approximately 1:30 PM revealed they were both hired on ..... Staff A had a ..... test result dated ..... that indicated freedom from ... Staff B had a ... test dated ..... Continued review revealed no evidence to confirm that either staff #A or #B obtained a statement from a healthcare provider that indicated freedom from communicable ..... including ...

In an interview with the owner on ..... at approximately 2 PM, she validateD the findings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Swan At Lake Conway ALF
3714 St Moritz Street
Orlando, FL 32812

RE: Revisit to CCR#2013011426

Dear Administrator:

This letter reports the findings of a complaint investigation revisit survey conducted on 13, 2014, by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

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 2014.**

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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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2727 Mahan Drive
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