STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964948	01/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Orlando Ivy Court	8015 Pin Oak Dr. Orlando, FL 32819	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0086 - 58a-5.0191(9) Fac - Training - Adrd S-S= D

Specific Tag Findings:

0000-Initial Comments
The biennial re-licensure Survey with Limited Nursing Services was conducted on

Orlando Ivy Court Assisted Living Facility had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure that 3 of 4 staff (A and C) had an annual statement from their health care provider documenting freedom from

Findings:

Personnel Record review for Staff A and Staff B revealed that there was surveillance Questionnaires (health Assessments) in their records. Staff A's Questionnaire was dated and Staff B's questionnaire was dated Further review of the Questionnaires revealed that they were signed by the Resident Care Coordinator who was a Licensed Practical Nurse (LPN). There was no documentation to confirm that the Health Assessment required to confirm freedom from annually were signed by the Staff's Health Care provider (physician or physician' assistant licensed under Chapter 458 or 459, F.S., or advanced registered nurse practitioner licensed under Chapter 464, F.S).

During an interview with the Resident Care Coordinator on at approximately 2 PM, she stated she was an LPN and she was told that she could complete the Health Assessments for the staff.

Class III

0086-Training - ADRD 58A-5.0191(9) FAC
Based on personnel record review and interview the facility maintained a secure area and provided special care for persons with and related (ADRD), failed to ensure that 1 of 4 sampled staff (A) who provided direct care to persons with

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964948	**01/29/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Orlando Ivy Court	**8015 Pin Oak Dr. Orlando, FL 32819**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

and Related (ADRD) obtained 4 hours continuing education annually.

Findings:

Personnel record review for staff A, hired and provided direct care to residents with and Related revealed that her last annual training was conducted on (due

During an interview with the Resident Care Coordinator on at approximately 2 PM, she stated that staff A had been on leave and had not received the annual training.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Orlando Ivy Court
8015 Pin Oak Dr.
Orlando, FL 32819

Dear Administrator:

Re: Biennial w/LNS

This letter reports the findings of a state licensure survey that was conducted on . 2014 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

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