STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911279	02/25/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ann-Way Assisted Living, Inc	8207 Forest City Road Orlando, FL 32810	

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

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= B
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0076 - 58a-5.0186 Fac - [redacted] S-S= B
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - [redacted] S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
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
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= B
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:
0000-Initial Comments
Change of Ownership survey was conducted on [redacted]

Ann-Way Assisted Living, Incorporated had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based observation, record review and interview the facility failed to ensure the health assessment contained all required information for 2 of 18 sampled residents (#10 and #18).

Findings:

Observations at approximately 11:30 AM noted the staff brought an [redacted] pen to resident #10. He set up the dial. He stated his [redacted] sugar was 330 so he needed 12 Units of [redacted]. Staff #A stood by and observed the resident inject the [redacted]. She stated the resident self-administers the [redacted] and "med techs" assisted him with his other medications.

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Record review for resident #10 noted he was admitted on [redacted] 2013. The health assessment form 1823 dated [redacted] did not indicate the resident's needs regarding medications. Continued review revealed an 1823 dated [redacted] that did not indicate the resident's needs regarding medications

During an Interview with the administrator on [redacted] at approximately 5:50 PM confirmed the above findings.

Class III

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and interview the facility failed to obtain a Completed Resident Health Assessment (AHCA form 1823) after a significant change (hospice admission) for 1 of 2 sampled residents (#1).

Findings:

Record review for resident #1 revealed she was admitted into hospice on [redacted] The only Resident Health Assessment (AHCA form 1823) available for review was dated [redacted] There was no AHCA form 1823 for the significant change (the deterioration in her health that resulted in the hospice admission).

During an interview with the owner on [redacted] at approximately 3:45 PM confirmed the AHCA form 1823 was not completed for the significant change as required.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observations, record review and interview the facility failed to ensure: 1. The use physical [redacted] were limited to half-bed rails and only upon the written order of the resident's physician, who must review the order biannually for 2 of 18 sampled residents (#1 and #14). 2. 1 of 18 residents (#3) was treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. 3. The facility failed to comply with the Resident's Bill of Rights for visiting hours between the hours of 9 AM to 9 PM. 4. The facility honored the resident rights and gave the residents of the facility consideration by notifying them in writing when the facility ownership changed pursuant to 429.12(1) Florida Statue.

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Findings:

1. Observations on during the tour at approximately 10 AM revealed the bed of resident #1 had full bed-rails in place. The resident was debilitated and

Record review for resident #1 revealed an order for half rails that was dated Further record review revealed there was no consent form for the 1/2 rails, located in the record that was completed by the resident's family.

2. Observations of the resident #14 at approximately 2 PM noted she had (2) two set of half-bed rails on the left side of her bed. The right side of the bed was against the wall. The resident stated the rails helped her not to out of bed, because she turned and twisted a lot at night.

Resident record review on at approximately 1:15 PM revealed a health assessment dated that listed diagnoses that included

Resident record review at approximately 3 PM revealed that resident #14 had a health assessment with diagnoses that included mild and poor memory. Continued review revealed a health care provider's order dated that indicated allow resident to elevate rails to get out of bed for support to avoid There was no evidence to confirm the order for the use of half-bed rails had been revised every 6 months after the original order.

In an interview with the facility manager on at approximately 4:30 PM, who stated she did not have the order for the rails.

3. Observations on at approximately 1 PM noted that resident #3 wore a bright pink blouse that had her first initials and entire last name written on the upper back of the blouse in black marker. She sat in the dining the other residents. The resident was

In an interview with the facility manager on at approximately 1 PM, who offered no comment.

4. Review of the Contracts for Resident's #1 and #2 revealed that the house rules noted: Resident may have visitors between 9 AM-11 AM; 1 PM-4 PM and 7 PM-8 PM.

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During an Interview with the owner on [redacted] at approximately 2 PM, she was not aware that the visiting hours should be 9 AM-9 PM without limits.

5. During the Change of Ownership (CHOW) survey on [redacted] record review for Residents #1 and #2 revealed that there was no documentation to confirm that they had been informed of the CHOW pursuant to 429.12(1) Florida Statue.

The administrator stated on [redacted] at approximately 4:40 PM the notification in writing was not given to the residents or their representatives as required.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations and interview the facility failed to ensure the unlicensed staff that assisted 2 of 18 sampled residents (#2 and #17) with self-administration of medications followed the correct procedure.

Findings:

1. Observations at approximately 11:20 AM on [redacted] noted that inside the locked refrigerator there was a plastic baggie with a hand written label that indicated the name of resident #2, [redacted] inject 12 units twice a day 8 am and 5 PM. Self-administer ". There were 12 prefilled syringes inside the baggie.

2. Observations on [redacted] at approximately 4:30 PM revealed staff H, a caregiver and "med tech" sanitized her hands. She reviewed the Medication Observation Record (MOR) and retrieved the medications and the MOR. She placed them in a plastic container and went to the resident's [redacted] She brought water as well. She poured the pills in a cup and gave them to the resident. She observed the resident take the medications. She returned the medications to the locked medication cart and signed the MOR. The medications were [redacted] ER 500 milligrams (mg) and [redacted] 20 mg.

At approximately 5 PM staff H sanitized her hands. She reviewed the MOR and retrieved the medications and the MOR. She placed them in a plastic container and brought the medications to the resident. She poured the pills in a cup and gave them to resident #17.

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She observed the resident take the medications. She returned the medications to the locked medication cart. The medications were 2 mg, 400 mg, Respirone 2 mg and 500 mg.

The staff did not read the medication labels to residents #2 and #17.

In an interview with the facility manager on at approximately 5:15 PM, she offered no comment.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
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 for 1 of 18 sampled residents (#8).

Findings:

Observations during the facility tour on at approximately 10 AM noted that resident # 8 had 3 bottles of over-the-counter medications on her night table. The medications were 600 mg plus D, and . The resident's was observed in the bed.

Review of the facility's house rules on at approximately 2 PM noted that "All medications must be centrally stored by the facility for the safety of all residents".

In an interview with facility manager on at approximately 3 PM, she offered no comment.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observations, record review and interview the facility failed to ensure that except with respect to the use of pill organizers no person other than a pharmacist transferred medications from one storage container to another for 1 of 17 sampled residents (#2).

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Findings:

Observations on [redacted] at approximately 11:20 AM noted that inside the locked refrigerator there was a plastic zip bag that had a handwritten label that indicated the name of resident #2, [redacted] inject 12 units twice a day 8 am and 5 PM. Self-administer." There were 12 prefilled syringes inside the bag.

In an interview with the facility manager and Limited Nursing Services nurse on [redacted] at approximately 12 PM, they stated they were glad this issue with the [redacted] was clarified.

At approximately 5 PM staff G caregiver/"med tech" sanitized her hands. She reviewed the Medication Observation Record and retrieved a glucometer, [redacted] pads and gloves from the cart. She also retrieved a prefilled syringe from the locked refrigerator and brought it to the resident. The resident self-injected the contents of the syringe.

Class III

007([redacted] 58A-5.0186 FAC
Based resident record review and interview the facility failed to have accurate written policies and procedures, which delineate its position with respect to state laws and rules relative to [redacted]

Findings:

Review of the Facility's [redacted] Policy and Procedure revealed it did not include the following provision:

(3) [redacted] PROCEDURES. Pursuant to Section 429.255, F.S., an ALF must honor a properly executed [redacted] as follows:

(b) In the event a resident is receiving hospice services and experiences [redacted] facility staff must immediately contact the hospice. The hospice procedures shall take precedence over those of the assisted living facility.

Record review for Residents #1, #2 revealed that there was no documentation to confirm that they were made aware of the above provision regarding [redacted] as required.

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During an interview with the owner on at approximately 2 PM she stated that the above provision was not included in the facility policies and procedures as required.

Class

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on observation, record review and interview the facility failed to ensure staff had a statement from a health care provider, that stated they were free from communicable including for 4 of 6 sampled staff (Staff B, D, E and F) and freedom from was documented for 4 of 6 sampled staff (Staff A, B, C, E and F).

Findings:

Review of personnel files revealed: Staff B, hired on , Staff D, no date of hire noted, worked more than 30 days, Staff E, date of hire and Staff F hired on did not have documentation of freedom from communicable within 30 days of hire.

The following staff did not have documentation of results within 30 days of hire: Staff A, date of hire , Staff B, Staff C, date of hire , Staff E and Staff F.

In an interview with the administrator on at approximately 4:40 PM who stated she did not have documentation of the freedom from communicable statements and results on the above staff.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview the facility failed to ensure 5 of 6 sampled staff (Staff A, C, D, E and F) who provided direct care, received within 30 days of employment the training required in 58A-5.091 (2) FAC.

Findings:

Review of personnel files revealed the following staff did not have documentation of training required within 30 days of employment:

1. Staff A, caregiver, hired on , needed Emergency Preparedness and Evacuation, Incident Reporting and Safe Food training.A, C, D, E and F

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2. Staff C, caregiver, hired on [redacted] needed [redacted] Control, ADL and Behavioral Needs, Elopement Response, Emergency Preparedness and Evacuation, Incident Reporting, Resident Rights and Reporting , Neglect and training.

3. Staff F, Limited Nursing Services nurse, hired on needed Elopement Response, Emergency Preparedness and Evacuation, Incident Reporting, Resident Rights, Reporting , Neglect and training and Safe Food training.

In an interview with the administrator on [redacted] at approximately 4:40 PM who stated the training was not in the personnel fileA,C, D, E and F and did not indicate if the staff had the above training.

Class III

0082-Training - [redacted] 58A-5.0191(3) FAC
Based on record review and interview the facility failed to ensure 4 of 6 sampled (Staff B, C, E and F) completed a one-time education course on and that included the topics prescribed in the Section 381.0035, F.S., within 30 days of employment.

Findings:

Review of personnel files revealed the following staff did not have documentation they had completed an education course on [redacted] within 30 days of employment:

1. Staff B, hired on [redacted]
2. Staff C, hired on [redacted]
3. Staff E, hired on [redacted]
4. Staff F, hired on [redacted]

In an interview with the administrator on [redacted] at approximately 4:40 PM who stated the above training was not in the staff's personnel file and did not indicate if the staff received the training.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and interview the facility failed to ensure 1 of 6 sampled staff (Staff

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C) who assisted with self-administration of medications, received the required 4 training in providing assistance with medications and safe medication practices in an assisted living facility.

Findings:

Review of personnel files for Staff C hired on that assisted with self-administration of medications, revealed there was no documentation to indicate Staff C had completed the initial 4 hours of training in providing assistance with medications and safe medication practices in an assisted living facility (ALF).

In an interview with the administrator on at approximately 4:40 PM who stated the staff did not have documentation of the training in her personnel file and did not indicate if the staff received the training.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and interview the facility failed to ensure currently employed direct care staff received at least one hour of training in the facility's policies and procedures regarding within 30 days of employment for 3 of 6 sampled staff (Staff A, E and F).

Findings:

Review of personnel files revealed there was no documentation to indicate the following staff, who provided direct care, had received at least one hour of training in the facility's policy and procedures regarding within 30 days of employment:

1. Staff A, hired on
2. Staff C, hired on
3. Staff F, hired on

In an interview with the administrator on at approximately 4:40 PM who stated the staff did not have documentation of the required training in their personnel file and did not indicate if the staff had the training.

Class III

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0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on facility record review and interviews facility failed ensure a 3-day emergency supply of water was maintained to meet the nutritional needs of the 60 residents that resided in the facility in the event of an emergency.

Findings:

Review of the census sheet provided by the facility revealed that there were 60 residents that resided at the facility. The facility was required to have 180 gallons of water (1 gallon x 3 days x 60 residents).

During an interview with the person in charge of the kitchen on at approximately 11:45 AM who stated the facility did not have any water to be used in the event of an emergency. He explained there was a contract with a water company to provide the water.

During an interview with the owner on at approximately 12:30 PM she also stated that there was a contract to obtain water for the facility during the event of an emergency. She was asked at the time if the facility's emergency plan included the water contract was coordinated with, reviewed and approved by the local disaster preparedness authority in lieu of maintaining the 180 gallons of water on the premises.

The owner provided a copy of the plan that had been submitted to the local disaster preparedness authority in and they had not received the approval letter
.
The owner made a telephone call to the Local disaster preparedness authority on at approximately 1 PM, the representative stated he had received the emergency plan; however he had not reviewed the plan.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on record review and interview the facility failed to ensure personnel records contained: 1. Copies of the license for staff providing nursing services for 1 of 2 sampled staff (Staff E and Staff F). 2. A copy of the original employment application with references for 4 of 6 sampled staff (Staff C, D, E and F). 3. The accurate job descriptions given to each staff for 4 of 6 sampled staff (Staff C, D, E and F).

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Findings:

Review of personnel files revealed:

1. Staff F was identified as a Registered Nurse, date of hire [redacted] who signed a contract to provide Limited Nursing Services. There was no documentation to review to indicate the facility obtained a copy of her nursing license.

2. The following staff did not have a copy of the original employment application with references in their files:
Staff C - date of hire [redacted]
Staff D - date of hire not noted
Staff E - date of hire [redacted]
Staff F - date of hire [redacted]

3. The following staff did not have copies of their accurate job description in their personnel files:
Staff C, caregiver, had a job description for housekeeper, needed a job description for caregiver
Staff D, the administrator, did not have a job description.
Staff E, Registered Nurse (RN), did not have a job description.
Staff F, Licensed Practical Nurse (LPN), did not have a job description.

In an interview with the administrator on [redacted] at approximately 4:40 PM who stated the nursing license, the employment applications and job descriptions were not in the above employee's personnel files.

Class III

0167-Resident Contracts 58A-5.025(1) FAC
Based on resident record review and interview the facility failed to ensure that 2 of 2 sampled resident's contracts listed all the required components (#1 and #2).

Findings:

Individual resident record review for residents #1 and 2 approximately 2 PM revealed that the contracts did not include a statement to inform the residents or responsible party that as part of the continued residency criteria, a resident must have a face-to-face medical examination

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by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever came first.

In an interview with the facility manager on at approximately 3 PM, she validated the findings.

Class

L241-LMH - Records 58A-5.029(2) FAC
Based on record review and interview the facility failed to ensure:
1. They maintained an up-to-date admission and discharge log containing the names and dates of admission and discharge dates for all Limited Mental Health (LMH) residents
2. Documentation of a completed Form, CF-EX 1006, 1998, was obtained for 1 of 1 sampled LMH resident (#18).
3. Residents who received LMH services had a Community Living Support Plan (CLSP) and a Agreement for 1 of 1 sampled LMH residents (#18).

Findings:

The administrator was requested to provide a list of the current LMH residents during the entrance conference on at approximately 9 AM.

Review of the Admission/discharge log revealed the current LMH residents were not identified.

Interview with the resident on at approximately 5:15 PM who stated she went to the mental health provider at Lakeside, to see a physician who prescribed medication to her and she had a case manager.

Resident record review revealed an Assisted Living Facility health assessment form 1823 updated on and stated diagnosis of for resident #18. There was no documentation to review to indicate the CLSP, the or form 1006 was completed.

The administrator presented a list of LMH residents: however the list of residents was not accurate.

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In an interview with the administrator and owner on at approximately 5 PM who stated the LMH list needed to be updated and the CLSP, CAs and forms needed to be obtained for LMH residents.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on record review and interview the facility failed to ensure 3 of 6 sampled staff (Staff B, C and F) were in compliance with Agency for Healthcare Administration (AHCA) Level II Background Screening requirements.

Findings:

Review of personnel files revealed:

Staff B, a caregiver was hired on Review of the Background Screening results revealed a new screening was required dated
Staff E, hired on and Staff F, hired on and were identified as Registered Nurses who would provide Limited Nursing Services to the residents. There was no documentation to review to indicate staff was in compliance with the AHCA Background Screening requirements.

In an interview with the administrator on at approximately 4:40 PM she stated the staff did not have background screening results available for review.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Ann-Way Assisted Living, Inc
8207 Forest City Road
Orlando, FL 32810

Dear Administrator:

Re: Change of Ownership

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

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