STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932406	03/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
All Seasons Assisted Living	509 W. Verona Street Kissimmee, FL 34741	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
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 - 0083 - 58a-5.0191(4) Fac - Training - First Aid And [redacted] 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 - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
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
The Change of Ownership survey including Limited Mental Health and Limited Nursing Services was conducted on [redacted]

All Season's Assisted Living Facility had deficiencies found at the time of the visit.

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 3 of 17 sampled residents (#10, #11 and #14) with self-administration of medications followed the correct procedure.

Findings:

1. Observations on [redacted] at approximately 9:20 AM during the medication pass noted that staff E wore gloves. He retrieved the medications for resident #10 from the locked medication cart. He poured the medications in a plastic cup and handed it to the resident. He signed the Medication Observation Record (MOR). He observed the resident take the medication. He returned the medication to the locked medication cart. He did not read the label to the resident.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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All Seasons Assisted Living	509 W. Verona Street Kissimmee, FL 34741	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

2. Continued observations on at approximately 9:30 AM staff E wore gloves. He retrieved the medications for resident #14 from the locked medication cart. He placed the medications in a cart, which he took to the resident's He placed several residents' medications in the cart. He took the cart inside the resident's He poured the medication in a plastic cup and handed it to the resident. He signed the MOR. He observed the resident take the medications. He returned the medication to the cart. He did not read the label to the resident.

3. Continued observations on at approximately 9:45 AM staff #E wore gloves. He placed the medications for resident # 11 in a cart, which he took to the resident's He placed several residents' medications in the cart. He took the cart inside the resident's He poured the medications in a plastic cup and handed it to the resident. He signed the MOR. He observed the resident take the medications. Staff E returned the medication to the locked medication cart. He did not read the label to the resident.

In an interview with the administrator on at approximately 4 PM, who stated she had just overheard the staff ask a resident if he wanted the labels read to him.

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 (#1).

Findings:

Observations on at approximately 9:30 AM noted that inside the medication refrigerator in the medication there was a plastic zip bag that had a handwritten label that indicated the name of resident #1, inject 30 units in AM". There was 1 prefilled syringe inside the bag. The prescription label on the bottle was dated and indicated inject 30 units in AM.

Review of the home health care nursing notes revealed the notes documented the home health nurses prefilled the syringes on and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932406	03/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
All Seasons Assisted Living	509 W. Verona Street Kissimmee, FL 34741	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

In an interview with the administrator on at approximately 2 PM, who stated resident #1 was under the care of home health care and the home health nurse and was soon to be discharged from their services.

In an interview with resident #1 on at approximately 3:30 PM, who confirm a nurse prefilled her syringes and she injected herself, but she was not sure about being discharged from home health services.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure the personnel records for 2 of 8 sampled staff (G & H) contained verification of freedom from communicable

Findings:

Personnel record review on at approximately 3 PM for staff G revealed no evidence to confirm that she had provided the facility with a healthcare provider statement, within 30 days of hire that indicated she was free from communicable including

In an interview on at approximately 3:30 PM with the administrator, she stated that since staff H worked at another assisted living facility. She further stated she would request her paperwork. A personnel record was not available at the facility.

No evidence to confirm freedom from communicable and was provided for staff G and staff H at 5 PM during the exit conference.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel record review and interview the facility failed to ensure 2 of 8 sampled staff (G & H) records contained evidence to confirm the staff received an in-service training regarding the facility's resident elopement response policies and procedures; a 1 hour in-service training regarding emergency preparedness & evacuation, 1 hour in-service training regarding incident and adverse reporting. The facility failed to ensure 1 of 8 sampled staff (G) records contained evidence to confirm the staff received an in-service training

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932406	03/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
All Seasons Assisted Living	509 W. Verona Street Kissimmee, FL 34741	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

regarding Resident's Rights and Recognizing neglect and

Findings:

Personnel record review on at approximately 3 PM for staff G revealed no evidence to confirm that she had received the mandated in-service training regarding the facility's resident elopement response policies and procedures; an in-service training regarding emergency preparedness & evacuation, an in-service training regarding incident and adverse reporting and Resident's Rights and Recognizing neglect and

In an interview on at approximately 3:30 PM with the administrator, she stated that since staff #H worked at another assisted living facility and she would request her paperwork. A personnel record was not available at the facility. The paperwork was not received.

No evidence on training was provided for either staff, at 5 PM during the exit conference.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on personnel record review and interview the facility failed to ensure 2 of 8 sampled staff (G & H) records contained evidence to confirm a one-time training regarding

Findings:

Personnel record review on at approximately 3 PM for staff G revealed no evidence to confirm that she had attended a one-time training regarding

In an interview on at approximately 3:30 PM with the administrator, she stated that since staff #H worked at another assisted living facility and she would request her paperwork. A personnel record was not available at the facility. The paperwork was not received.

No evidence of training was provided for either staff during the at exit conference at 5 PM.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932406	03/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
All Seasons Assisted Living	509 W. Verona Street Kissimmee, FL 34741	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on personnel record review and interview the facility failed to have evidence that a staff member who held a currently valid card that documented the completion of courses in First Aid and was in the facility at all times.

Findings:

Review of the staff Schedule for the weeks of and through revealed that there were the same staff that normally rotated and worked on the 3 PM-11 PM shift.

Personnel record review for staff C that would have worked the 3 PM-11 PM shift for the day of the survey revealed that there was no documentation to confirm that she had completed a course in First Aid.

The administrator was asked to provide documentation that there was one staff that would work the 3 PM-11 PM shift the day of the survey that had completed a course in First Aid that was current.

During an interview with the administrator on at approximately 3:30 PM, she stated she had checked the personnel folder for the staff that worked that shift and could not locate documentation to confirm that any of the staff that worked the 3 PM- 11 PM Shift, had a current First Aid Card.

The administrator explained that she believed that Staff C had the training and the facility did not have the documentation.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on personnel record review and interview the facility failed to ensure that 2 of 5 sampled staff (G and H) had at least one hour of training in the facility's policies and procedures regarding that included all of the information in Rule 58A-5.0186, F.A.C. and did not ensure that 3 of 5 sampled staff (B) was aware of the facility's policies and procedures regarding

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932406	03/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
All Seasons Assisted Living	509 W. Verona Street Kissimmee, FL 34741	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Findings:

1. During an interview with staff B on at approximately 12:15 PM she was asked if she was aware of what the facility's policies were regarding . Staff B stated she was not aware and did not know what a was.

Personnel record review for staff B, who was hired in , revealed that there was a training certificate for the training that was dated .

During an interview with the administrator on at approximately 1 PM she stated Staff B had and should know what a is and the facility's policy. She stated that Staff B would receive the training again.

2. Personnel record review on at approximately 3 PM for staff G revealed no evidence to confirm that she had received an in-service training regarding the facility's policies and procedures.

In an interview on at approximately 3:30 PM with the administrator, she stated for staff #H who worked at another assisted living facility, she would request her paperwork. A personnel record for Staff H was not available at the facility.

No evidence of training was provided for staff #G and #H during the exit conference at 5 PM.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, interviews and facility record review, the facility failed to:
1. Serve food for regular and therapeutic diets, according the menu. 2. Maintain the daily substitution list. 3. Maintain a 3-day emergency supply of water to meet the nutritional needs of the 58 residents who resided in the facility.

Findings:

1. Observation on at approximately 11:30 AM revealed the posted menu indicated 1 cup of tomato soup and 1 cup of garden salad with dressing. The residents were served vegetable soup. The residents were not served tomato soup or a salad with dressing that was on the approved menu.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932406	03/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
All Seasons Assisted Living	509 W. Verona Street Kissimmee, FL 34741	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Interview with the cook on [redacted] at approximately 12 PM who stated the delivery truck did not come in with the salad and the tomato soup that day.

2. Review of the substitution list revealed the vegetable soup was not documented.

3. Review of the census sheet provided by the facility revealed that there were 58 residents that resided at the facility. The facility was required to have 174 gallons of water (1 gallon x 3 days x 58 residents).

Observation on [redacted] at approximately 2 PM revealed the facility had 100 gallons of water on hand.

Review of the letter dated [redacted] from Emergency Management revealed the facility's Comprehensive Emergency Management plan was received.

Interview with the administrator on [redacted] at approximately 5:15 PM who stated the facility used the collapsible containers and had a contract for water delivery. She also stated the facility's Emergency Management Plan had not been approved at that time.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observations and interviews the facility failed to provide and maintain a home-like and decent environment in which to provide for the safe care of the residents.

Findings:

During the tour of the facility on [redacted] at approximately 9:45 AM the following observations were made:

1. The cloth on the dining [redacted] were covered with spots and were dirty.

2. In [redacted] the ceiling tiles were dirty and bulging and the bed on the right side of the [redacted] a broken bed frame and the bed was leaning to one side.

3. [redacted] the dresser drawer was broken.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932406	03/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
All Seasons Assisted Living	509 W. Verona Street Kissimmee, FL 34741	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

4. [illegible] the vertical blinds had missing slats and there was no window covering for privacy.

5. Observations during an interview with resident # 15 noted the wall to the left side of the [illegible] the resident's bed seemed to have been repaired with a white substance; however it still was cracked and lumpy. The right sided wall was scratched and some plaster was missing.

6. In [illegible] the shade was missing on the window.

7. In [illegible] the box spring on the bed on the right was broken.

8. In [illegible] the [illegible] was missing a faucet handle.

9. The Elevator had a dark substance and cigarette butt on the floor.

10. On the second floor, when exiting the elevator the tiles had no molding at the door threshold, providing a trip or [illegible] hazard.

11. On the second floor, at the top of stairs, the tiles had no molding at the door threshold, providing a trip or [illegible] hazard.

12. In [illegible] the window shades needed repair; the vertical slats were missing on the right.

13. In [illegible] the ceiling was stained and there was no window covering.

14. In [illegible] the walls had been repaired and needed painting, the ceiling tile was bulging, the smoke alarm on the wall was missing its cover, and wires were exposed and there were spider webs in [illegible].

15. Across from [illegible], the toilet in the [illegible] continuously running.

16. When exiting [illegible] 43 and 44, the tile on the floor at the door threshold had no molding, providing a trip or [illegible] hazard.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932406	03/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
All Seasons Assisted Living	509 W. Verona Street Kissimmee, FL 34741	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

During an interview with the administrator on at approximately 5 PM she confirmed the above findings.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on personnel record review and interview the facility failed to ensure that 2 of 8 sampled staff (G and H) records contained all the mandated documentation.

Findings:

Personnel record review on at approximately 3 PM for staff #G, a Registered Nurse revealed no evidence to confirm he had current certification in

In an interview on at approximately 3:30 PM with the administrator, she stated that since staff #H, also a Registered Nurse, worked at another assisted living facility and she would request her paperwork. A personnel record was not available at the facility. The paperwork was not received.

No evidence was provided to confirm current certification during the exit conference at 5 PM.

Class III

L241-LMH - Records 58A-5.029(2) FAC
Based on record review and interviews the facility failed to ensure the Community Living Support Plan for 1 of 17 sampled residents (#1) was updated at least annually.

Findings:

During the entrance interview on at approximately 9 AM, the administrator identified resident #1 as a Limited Mental Health Resident.

Record review for resident #1 at approximately 2 PM revealed the resident had a Community Living Support Plan that was dated

In an interview with the administrator on at approximately 2 PM, who stated resident

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932406	03/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

#1 was under the care of a psychiatrist and did not have a case manager. The psychiatrist reviewed the plan normally. The doctor was in the facility today.

In an interview with the psychiatrist on [redacted] at approximately 4 PM, who stated resident #1 was under her care and she discussed the plan with the resident, but had not seen the resident this year.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on personnel record review and interview the facility failed to ensure personnel records contained documentation of compliance with level 2 background screening for 1 of 8 sampled staff (#H) subject to screening requirements as required under Rule 58A-5.019, F.A.C. and that the staff was eligible for employment.

Findings:

In an interview with the administrator at approximately 1 PM the administrator stated that staff H was the facility's Registered Nurse for the Limited Nursing Services.

A contract dated [redacted] indicated staff H would serve as the facility Limited Nursing Services nurse.

In an interview on [redacted] at approximately 3:30 PM with the administrator, she stated since staff H worked at another assisted living facility; she would request her paperwork. A personnel record was not available at the facility. The paperwork was not received.

There was no evidence provided to confirm that staff #H was background screened as required.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
All Seasons Assisted Living
509 W. Verona Street
Kissimmee, FL 34741

Dear Administrator:

Re: CHOW w/LNS & LMH

This letter reports the findings of a Change of Ownership (CHOW) with Limited Nursing Services (LNS) and Limited Mental Health (LMH) 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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