STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911279	04/17/2014
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)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment
0010-Admissions - Continued Residency-
0030-Resident Care - Rights & Facility Procedures-
0052-Medication - Assistance With Self-Admin-04/17/2014
0055-Medication - Storage And Disposal-(
0056-Medication - Labeling And Orders-0
007(
0078-Staffing Standards - Staff-04/
0082-Training -
0084-Training - Assis Self-Admin Meds & Med Mgmt-04
0090-Training -
0093-Food Service - Dietary Standards-
0161-Records - Staff-04/
Z815-Background Screening; Prohibited Offenses-(

Revisit Repeat Tags:
0081-Training - Staff In-Service-58a-5.0191(2) Fac
0167-Resident Contracts-58a-5.025(1) Fac
L241-Lmh - Records-58a-5.029(2) Fac

Revisit New Tags:
0162-Records - Resident-58a-5.024(3) Fac

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Specific Tag Findings:

0000-Initial Comments
A revisit was conducted on . Ann-way Assisted Living had four uncorrected deficiencies at the time of the visit.

REMAINED UNCORRECTED

Based on personnel record review and interview the facility failed to ensure 1 of 6 sampled staff (#C) records contained evidence to confirm the staff received a 1 hour in-service training regarding incident and adverse reporting.

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Findings:

Personnel record review on [redacted] at approximately 3 PM for staff #C hired on [redacted] revealed no evidence to confirm that she had received the mandated 1 hour in-service training regarding the incident and adverse reporting.

In an interview on [redacted] at approximately 1:30 PM with the administrator, who stated she trained the staff but did not give a certificate, it was done at the time of the elopement.

Class III

0162-Records - Resident 58A-5.024(3) FAC
REMAINED UNCORRECTED

Based on record review and interview the facility failed to ensure the resident records for 11 of 11 residents that included sampled residents #3, #12, #17 and #19 who were [redacted] recipients included a copy of Alternate Care Certification for [redacted] Form, CF-ES 1006, [redacted] 1998.

Findings:

During the entrance conference at approximately 9 AM, the administrator stated there were 11 [redacted] residents who lived at the facility including residents #3, #12, #17 and #19.

1. Resident record review on [redacted] for resident #19 revealed a contract dated [redacted] Continued record review revealed that a copy of Alternate Care Certification for [redacted] Form, CF-ES 1006, [redacted] 1998. Continued review revealed no written documentation that a good faith effort to obtain the required documentation from the Department of Children and Family Services was done.

2. Individual resident record review for residents # 3, #12 and #17 revealed that a copy of Alternate Care Certification for [redacted] Form, CF-ES 1006, [redacted] 1998. Continued review revealed no written documentation that a good faith effort to obtain the required documentation from the Department of Children and Family Services was done.

In an interview with the administrator on [redacted] at approximately 11 AM she stated she was not sure what an Alternate Care Certification for [redacted]

Form, CF-ES Form 1006, [redacted] 1998 was. She obtained a copy from a sister facility. However, she confirmed that she did not have the forms available for the 11 [redacted] residents and she would attempt to obtain the information today: now that she was aware the form was required.

Class [redacted]

0167-Resident Contracts 58A-5.025(1) FAC
REMAINED UNCORRECTED

Based on resident record review and interview the facility failed to ensure that 4 of 10 sampled resident's contracts listed all the required components for# 8, #10, #13 and #19.

Findings:

Resident record review on [redacted] for resident #19 revealed a contract dated [redacted] Continued record review revealed no evidence to confirm the resident or representative were informed that as part of the continued residency criteria the resident needed to be assessed every 3 years or whenever there was a significant change, whichever came first.

Individual resident record review for residents #8, #10 and #13 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 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 administrator on [redacted] at approximately 3 PM, who confirmed the findings and stated she had sent some addendums in the mail, but had not given an addendum or a revised contract to the residents.

Class [redacted]

L241-LMH - Records 58A-5.029(2) FAC
REMAINED UNCORRECTED

Based on record review and interview the facility failed to ensure that 4 of 4 mental health

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

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

resident's records contained an Alternate Care Certification for Form, CF-ES Form 1006, 1998 for residents #8, #11, #21, and #22.

Findings:

In an interview with the administrator on at approximately 9:30 AM she identified residents #8, #11, #21 and #22 as Limited Mental Health (LMH) residents.

In an interview with the administrator on at approximately 11 AM she stated she did not know what an Alternate Care Certification for Form, CF-ES Form 1006, 1998 was. She obtained a copy from a sister facility. She confirmed that she did not have the form available for the 4 LMH residents and she did not know how to go about getting the form completed.

Individual resident record review on revealed that residents # 11, 21 and 22 did not have an Alternate Care Certification for Form, CF-ES Form 1006, 1998 available for review.

Resident record review on for resident #8, who was identified as an LHM resident receiving revealed no documentation of an form 1006 was completed.

During an interview with the Administrator on at approximately 4:30pm, she did not have an form for residents #8, #11, ##21 and #22.

Class

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:

This letter reports the findings of a revisit survey conducted on . 2014by 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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