STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968271	05/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Anne's Home Alf Inc	955 Tuskawilla Rd Winter Springs, FL 32708	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
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 - 0053 - 58a-5.0185(4) Fac - Medication - Administration 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 - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring 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= B
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= B

Specific Tag Findings:

0000-Initial Comments
The biennial re-licensure survey was conducted on [redacted] Anne's Home Assisted Living Facility Incorporated had deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review and interview the facility did not ensure the use of physical [redacted] was only with the consent of the resident or the resident's representative for 2 of 7 sampled residents (#1 and #2) and a physician's order for the use of the rails for 1 of 7 sampled residents (#2).

Findings:

Tour of the facility on [redacted] at approximately 9:20 AM revealed resident #1 was in bed with half side rails up and resident #2 had 1/2 side rails on her bed.

1. Resident record review for resident #1 revealed an Assisted Living Facility Health Assessment form (1823) dated [redacted] that indicated diagnosis of adult [redacted] The resident was on hospice. The resident was unable to raise and lower the side rails due to her [redacted] processes. Record review revealed there was no consent for the use of the side rails from the resident or their resident's representative.

2. Resident record review for resident #2 revealed an Assisted Living Facility Health Assessment form (1823) dated [redacted] that indicated diagnosis of status post hip and sacral

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968271	05/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Anne's Home Alf Inc	955 Tuskawilla Rd Winter Springs, FL 32708	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

and . The resident was unable to raise and lower the side rails due to her processes. Record review revealed there was no consent from the resident or their resident's representative or a physician's order for the use of the rails.

In an interview with the manager on at approximately 4 PM who stated the residents did not have consents for the use of the rails and resident #2 did not have an order for the use of the rails available for review.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, record review and interview the facility failed to ensure when staff provided assistance with self-administration of medications, the staff followed the appropriate procedure to take the medication, in its dispensed, properly labeled container to the resident, in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, close the container, return to storage and document on the Medication Observation Record for 1 of 7 sampled residents (#3).

Findings:

Observation of the Medication Pass on at 2 PM revealed Staff A, Med Tech obtained medication from locked storage, compared the Medication Observation Record (MOR) to the label, poured water in a cup, put medication in a cup, charted medication on the MOR and returned medication to storage. Staff A did not read the label to resident and watch the resident take the medication.

Staff A did not follow the appropriate procedure to assist residents with self-administration of medications, did not take the medication, in its dispensed, properly labeled container to the resident, in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, close the container, return to storage and document on the MOR for resident #3,

In an interview with the manager on at approximately 4 PM who stated, she was not aware the unlicensed staff was not following proper procedures when assisting the residents with self-administration of medications.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968271	05/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Anne's Home Alf Inc	955 Tuskawilla Rd Winter Springs, FL 32708	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0053-Medication - Administration 58A-5.0185(4) FAC
Based on record review and interview the facility failed to have a nurse available to administer medications to 1 of 7 sampled residents (#2).

Findings:

Resident record review for resident #2 revealed an Assisted Living Facility Health Assessment form (1823) dated [redacted] that indicated diagnosis of status post hip and sacral [redacted] and [redacted]. The 1823 indicated the resident needed medications administered.

Review of the Medication Observation Record (MOR) for [redacted] through [redacted] revealed the unlicensed staff initialed the MOR when they assisted the resident with self-administration of medications.

Review of the staff schedule for [redacted] through [redacted] revealed the unlicensed staff/Med Tech worked and assisted the resident with self-administration of medications. The facility did not have a licensed nurse working when medications were passed to administer medications to the resident.

In an interview with the manager [redacted] at approximately 3 PM who stated she was not aware the resident needed his medications administered by a nurse.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview the facility failed to ensure: 1. all staff was assigned duties consistent with their education and training for 1 of 7 sampled residents (#2), 2. Within 30 days of employment staff submitted a written statement from a healthcare provider that documented the individual did not have any signs or symptoms of communicable [redacted] including [redacted] for 1 of 3 sampled staff (Staff B).

Findings:

1. Resident record review for resident #2 revealed an Assisted Living Facility Health Assessment form (1823) dated [redacted] that indicated diagnosis of status post hip and sacral [redacted] and [redacted]. The 1823 indicated the resident needed medications administered.

Review of the Medication Observation Record (MOR) for [redacted] through [redacted] revealed the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968271	05/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Anne's Home Alf Inc	955 Tuskawilla Rd Winter Springs, FL 32708	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

unlicensed staff initialed the MOR.

Review of the staff schedule for ... through ... revealed the unlicensed staff/Med Tech worked and passed medications. The unlicensed staff did not have the qualifications to administer medications.

2. Review of personnel files for Staff B, hired on ... revealed on there was a freedom from communicable ... statement and negative results for a ... skin test that were not dated.

In an interview with the manager on ... at approximately 4 PM who stated the staff B who was not aware the freedom from communicable ... statement and the ... skin test were not dated.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview the facility failed to ensure unlicensed staff, which provided direct care, had the required one hour of ... control training, within 30 days of hire.

Findings:

Review of personnel files revealed: Staff A was hired on ... provided direct care and did not have documentation to review that indicated she had one hour of ... control training, within 30 days of hire.

In an interview with the manager on ... at approximately 4 PM who stated the staff did not have the required training.

Class III

0082-Training - ... 58A-5.0191(3) FAC
Based on record review and interview the facility failed to ensure 1 of 3 sampled staff 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 (B).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968271	05/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Anne's Home Alf Inc	955 Tuskawilla Rd Winter Springs, FL 32708	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Findings:

Review of personnel files revealed staff B, who was hired on [redacted] did not have documentation they had completed an education course on [redacted] within 30 days of employment.

In an interview with the manager on [redacted] at approximately 4 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

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on record review and interview the facility failed to ensure training certificates had the trainer's name legibly signed on the certificate for 1 of 3 sampled staff (Staff A).

Findings:

Personnel file review for Staff A, hired in [redacted] revealed the certificate for the 4 hour Assistance with Self-Administration training, dated [redacted] did not have the trainer's name and credentials signed legibly on the certificate.

Interview with the manager on [redacted] at approximately 4 PM who stated the trainer was a Registered Nurse and confirmed the signature and credentials were not legible.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on record review and interview the facility failed to ensure menus were dated and planned at least one week in advance and kept on file for 6 months.

Findings:

Review of the cycle menus revealed the menus signed by the dietitian on [redacted] were not dated, or planned one week in advance, or kept on file for 6 months.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968271	05/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Anne's Home Alf Inc	955 Tuskawilla Rd Winter Springs, FL 32708	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Interview with the manager on [redacted] at approximately 1 PM who stated the menus were not dated and planned a week in advance, or kept on file for 6 months.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on record review and interview the facility failed to ensure personnel records contained a copy of the original employment application with references for 1 of 3 sampled staff (Staff B).

Findings:

Review of personnel files revealed staff B, date of hire [redacted] did not have a copy of the original employment application with references in his file

In an interview with the manager on [redacted] at approximately 4 PM who stated the job application was not in the above employee's personnel file.

Class III

0167-Resident Contracts 58A-5.025 FAC
Based on record review and interview the facility failed to ensure the contracts included a provision that residents must be assessed every three years, or after a significant change for 2 of 7 sampled residents (#1 & #2).

Findings:

Review of contracts for residents #1 and #2 revealed a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change was not included in the contract.

Interview with the administrator on [redacted] at approximately 4 PM who stated she was not aware the above statement was required in the contract.

Class [redacted]

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Anne's Home Alf Inc
955 Tuskawilla Rd
Winter Springs, FL 32708

Dear Administrator:

Re: Biennial relicensure

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

400 W. Robinson St., Suite S-309
Orlando, FL 32801
AHCA.MyFlorida.com

Facebook.com/AHCAFlorida
Youtube.com/AhcaFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida