STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968399	06/03/2014
NAME OF PROVIDER OR SUPPLIER **Sloan Home Of Central Florida Inc II**	STREET ADDRESS, CITY, STATE, ZIP CODE **505 Harbor Point Blvd Orlando, FL 32835**	
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 - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments
Limited Nursing Services (LNS) monitoring conducted. Sloan Home of Central Florida Inc. II had deficiencies found during the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure 1 of 2 sampled staff (#A) provided the facility with a healthcare provider statement yearly to indicate that he did not have any signs or symptoms of

Findings:

Personnel record review on at approximately 3 PM revealed that staff #A had a test result dated Continued review revealed no evidence to confirm the staff provided a healthcare provider's statement, yearly thereafter (due 2014) that indicated freedom from

In an interview with the assistant administrator on at approximately 3 PM, who stated the staff needed a test.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on personnel record review and interview the facility failed to ensure 2 of 2 unlicensed staff (A and B), who assisted residents with self-administration of medications, received a minimum 2 hour yearly update related to medication practices in an assisted living facility.

Findings:

Personnel record review on at approximately 3 PM revealed the following:

1. Staff #A attended the 4 hour medication training on Continued review revealed no

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968399	**06/03/2014**
NAME OF PROVIDER OR SUPPLIER **Sloan Home Of Central Florida Inc II**	STREET ADDRESS, CITY, STATE, ZIP CODE **505 Harbor Point Blvd Orlando, FL 32835**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

evidence to confirm he attended/obtained a minimum 2 hour medication update training yearly thereafter (due 2014).

2. Staff #B attended the 4 hour medication training on . Continued review revealed no evidence to confirm she attended/obtained a minimum 2 hour medication update training yearly thereafter (due 2013 & 2014).

In an interview with the assistant administrator on at approximately 3 PM, who stated the staff assisted the residents with self-administration of medications and the in-service training had been overlooked.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sloan Home Of Central Florida Inc II
505 Harbor Point Blvd
Orlando, FL 32835

Dear Administrator:

Re: LNS monitoring

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