

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911318	(X3) DATE SURVEY COMPLETED 06/04/2014
NAME OF PROVIDER OR SUPPLIER Islands Alf (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 901 North Hiwassee Road Orlando, FL 32818	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D

Specific Tag Findings:

0000-Initial Comments

..... Limited Nursing Services (LNS) monitoring conducted. The facility had a deficiency found during the revisit.

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on personnel records review and interview the facility failed to ensure that personnel records contained certificates, or copies of certificates, of any training required by this rule was documented in the facility's personnel files for 2 of 3 sampled staff (B and C).

Findings:

Personnel record review staff B hired on revealed the facility maintained sign- in sheets for the in-services provided to the staff. A certificate of training was not available for the following in -service training: 1 hour control; 3 hours activities of daily living and resident behavior; 1 hour facility elopement response policies and procedures; 1 hour incident and adverse reporting; 1 hour residents rights, recognizing and neglect; 1 hour regarding policies and procedures; 1 hour safe food handling practices and 1 hour emergency procedures, including chain of command.

Continued personnel record review for staff C hired on 2011 revealed the facility maintained sign- in sheets for the in-services provided to the staff. A certificate of training was not available for the following in -service training: 1 hour control; 3 hours activities of daily living and resident behavior; 1 hour facility elopement response policies and procedures; 1 hour incident and adverse reporting; 1 hour residents rights, recognizing and neglect; 1 hour regarding policies and procedures, 1 hour safe food handling practices.

In an interview with the administrator on at approximately 1 PM, who stated she provided the staff all the in-services, however she did not issue certificates. She only maintained a sign -in sheets.

Class



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Islands Alf (the)
901 North Hiawassee Road
Orlando, FL 32818

Dear Administrator:

Re: LNS monitoring

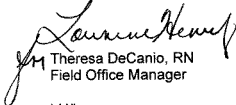
This letter reports the findings of a state licensure survey that was conducted on , 2014
by representative(s) of this office.

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

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