STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967329	05/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Joan's Villa Alf	5907 Ingram Road Apopka, FL 32703	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0076 - 58a-5.0186 Fac - [redacted] S-S= D
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
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 - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:
0000-Initial Comments
The biennial re-licensure survey with Limited Nursing Services was conducted on [redacted] Joan's Villa had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on observation, record review and interview the facility failed to ensure 1 of 2 sampled residents (#1) met the requirements for continued residency in the facility.

Findings:
Observation on [redacted] at approximately 9:30 AM revealed the caregiver was giving resident #1 a bed bath.

Resident record review for resident #1 revealed an Assisted Living Facility Health Assessment forms (1823) dated [redacted] and [redacted] that indicated diagnoses of Parkinson's status post [redacted] with right sided [redacted] rhabdomyolysis aphasia and [redacted] The resident needed assistance with ambulation, bathing, dressing, [redacted] eating, toileting and transferring.

Observation on [redacted] at approximately 1:20 PM revealed the resident was unable to wash his face with the washcloth when prompted. The resident did not meet the requirements for continued residency in the facility and needed total help with activities of daily living.

Interview with the administrator on [redacted] at 1:20 PM who stated the resident was not able to assist with [redacted] or bathing.

Class III

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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 was only with the consent of the resident or the resident's representative for 2 of 2 sampled residents (#1 and #2) and a physician's order for the use of the rails for 1 of 2 sampled residents (#1).

Findings:

Tour of the facility on at approximately 9:15 AM revealed residents #1 and #2 were in bed with half side rails up.

1. Resident record review for resident #1 revealed an Assisted Living Facility Health Assessment form (1823) updated on that indicated diagnoses of Parkinson's status post with right sided , aphasia and . The resident was unable to raise and lower the side rails due to his 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.

2. Resident record review for resident #2 revealed an Assisted Living Facility Health Assessment form (1823) updated that indicated diagnosis of and chronic back pain. The resident was unable to raise and lower the side rails due to his processes. Record review revealed there was no consent from the resident or their resident's representative for the use of the rails.

In an interview with the administrator on at approximately 2:30 PM who stated the residents did not have consents for the use of the rails and resident #1 did not have an order for the use of the rails available for review.

Class III

007(58A-5.0186 FAC
Based resident record review and interview the facility failed to have accurate written policies and procedures, which delineate its position with respect to state laws and rules relative to for 2 of 2 sampled residents (#1 & #2).

Findings:

Review of the Facility's Policy and Procedure revealed it did not include the following provision:

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(3) PROCEDURES. Pursuant to Section 429.255, F.S., an ALF must honor a properly executed as follows:

(b) In the event a resident is receiving hospice services and experiences facility staff must immediately contact the hospice. The hospice procedures shall take precedence over those of the assisted living facility.

Record review for residents #1 and #2 revealed that there was no documentation to confirm that they were made aware of the above provision regarding as required.

During an interview with the administrator on at approximately 2:30 PM she stated that the above provision was not included in the facility's policies and procedures as required.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview the facility failed to ensure 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 including for 1 of 3 sampled staff (Staff B).

Findings:

Review of personnel files for Staff B, hired in 2010 revealed there was no documentation of negative results on an annual basis.

In an interview with the administrator on at approximately 2 PM who stated she was unable to locate Staff B's chest x-ray results.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and interview the facility failed to ensure 1 of 2 sampled staff (A), who assisted with self-administration of medications, received the required 4 training in providing assistance with medications and safe medication practices in an assisted living facility.

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Findings:

Review of personnel files for Staff A, who assisted with self-administration of medications, revealed there was no documentation to indicate Staff A had completed the initial 4 hours of training in providing assistance with medications and safe medication practices in an assisted living facility (ALF).

In an interview with the administrator on [redacted] at approximately 2 PM who stated the staff did not have documentation of the training in her personnel file. However, she stated the staff received the training.

Class III

0090-Training - [redacted] 58A-5.0191(11) FAC

Based on record review and interview the facility failed to ensure currently employed direct care staff received at least one hour of training in the facility's policies and procedures regarding [redacted] within 30 days of employment for 1 of 1 sampled staff (A).

Findings:

Review of personnel files revealed there was no documentation to indicate staff A, who provided direct care and was hired in [redacted] 2010 had 1 hour of [redacted] training within 30 days of hire.

In an interview with the administrator on [redacted] at approximately 2 PM who stated she was not able to locate the [redacted] training certificates.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on record review and interview the facility failed to ensure 1. Menus were signed annually, dated and planned at least one week in advance and kept on file for 6 months and 2. They had the required amount of milk in the 3 day emergency supply.

Findings:

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

Interview with the administrator on at approximately 2:30 PM who stated the menus were not dated and planned a week in advance, or kept on file for 6 months.

2. Review of the emergency food supply on at approximately 2:30 PM revealed: Based on a census of 2 residents, the amount of milk to be available for 2 residents x 0.5 quarts x 3 days = 3 quarts. The facility had 94 ounces of milk on hand and needed 128 ounces/3 quarts of milk.

Interview with the administrator on at 2:30 PM who stated she did not have enough milk.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on observation, record review and interview the facility failed to ensure they obtained a physician's order to crush medications for 1 of 2 sampled residents (#1).

Findings:

Observation on at approximately 12:10 PM revealed the nurse crushed resident #1's medication and put it in applesauce and fed it to the resident.

Resident record review for resident #1 revealed an Assisted Living Facility Health Assessment forms (1823) dated and that indicated diagnoses of Parkinson's status post with right sided rhabdomyolysis aphasia and The resident needed medications administered.

There was no documentation to review that indicated there was a physician order to crush medications.

In an interview with the administrator on at approximately 2 PM who stated she did not have a physician's order to crush medications.

Class III

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0167-Resident Contracts 58A-5.025 FAC
Based on record review and interview the facility failed to ensure 2 of 2 sampled residents receiving Limited Nursing Services (LNS) had the costs of these services listed in their contracts.

Findings:

Resident record review revealed the contracts for residents #1 and #2 did not have the list of LNS services they provided and their costs in the contracts.

In an interview with the administrator on [redacted] at approximately 2 PM who stated she was not aware the LNS services and their costs were not included in their contracts.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Joan's Villa ALF
5907 Ingram Road
Apopka, FL 32703

RE: Biennial

Dear Administrator:

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 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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