STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966600	06/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Transformation Assisted Living	1963 Continental Blvd Orlando, FL 32808	
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 monitoring was conducted. Transformation Assisted Living 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 3 of 4 sampled staff (A, B & D) provided the facility with a healthcare provider statement to indicate that the person did not have any signs or symptoms of

Findings:

Personnel record review on at approximately 11 AM revealed the following:

1. Staff #A had a test result
2. Staff #B had a test result dated
3. Staff #C had a test result dated

Continued individual personnel record review revealed no evidence to confirm the staff provided the facility a healthcare provider statement that indicated freedom from yearly (due 2014).

In an interview with the administrator on at approximately 11:30 AM, she stated all the above 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 3 unlicensed staff (B and D) who assisted residents with self-administration of medications, received a minimum 2 hour update related to medication practices in an assisted living facility yearly.

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Findings:

Personnel record review on . . . . . at approximately 11 AM revealed the following:

1. Staff #B attended the 2 hour medication training on . . . . Continued review revealed there was no evidence to confirm she attended/obtained a minimum 2 hour medication update training in the year 2014.

2. Staff #D attended the 4 hour medication training on . . . . Continued review revealed there was no evidence to confirm she attended/obtained a minimum 2 hour medication update training in the year 2014.

In an interview with the administrator on . . . . at approximately 11:30 AM she stated the staff assisted the residents with self-administration of medications and the training had not been done; it was due.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Transformation Assisted Living
1963 Continental Blvd
Orlando, FL 32808

RE: LNS monitoring

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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