STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966454	06/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Williams Loving Care	4213 Chantelle Road Orlando, FL 32808	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And 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
The Limited Nursing Services (LNS) monitoring visit was conducted on Williams Loving Care had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure 4 of 4 sampled staff (A, B C & D) provided the facility, yearly, with a healthcare provider statement to indicate 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 assessment that was done on and was signed by the staff and the administrator.

2. Staff #B had a assessment that was done on and was signed by the staff and the administrator.

3. Staff #C had a freedom from communicable including dated Continued review revealed no evidence she provided the facility with a freedom from statement yearly thereafter (due 2014).

4. Staff D had a assessment that was done on and was signed by the staff and the administrator.

Continued individual personnel record review revealed no evidence to confirm the staff provided the facility a healthcare provider statement that indicated freedom from Nor was there any evidence the administrator or staff were healthcare providers, able to assess for

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In an interview with the administrator on at approximately 1:30 PM, she stated that she was not aware that the assessments needed to be done by a healthcare provider.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on observations, personnel record review and interviews the facility failed to ensure a staff member who had completed courses in First Aid and and holds a currently valid card documenting completion of such courses was present in the facility at all times when residents were present.

Findings:

During the facility entrance on at approximately 10 AM staff C stated the census was 5 residents. Review of the 2014 staff schedule revealed the staff C was the sole caregiver on 6/3 and . Staff A worked alone at times, as well.

Personnel record review for staff C on at approximately 10:30 AM revealed the First Aid training expired on

Personnel record review for staff A on at approximately 10:30 AM revealed the First Aid and certification expired on

In an interview on at approximately 11 AM with staff #C who stated she had no taken the First Aid class because when she took the Fist Aid had not expired yet.

In a telephone interview on at approximately 1:15 PM, with the administrator who stated the staff had the First Aid and and the surveyor must have overlooked it. As for staff A (the administrator) she needed to schedule a class.

She was given the opportunity to submit the documentation.

A fax was received in the Area Office 7 on at approximately 2PM. The fax contained a copy of the card certification for staff C. A current First Aid certification was not received. A call was placed to the administrator on at approximately 2:30 PM to inform her the First Aid certification was not received. An opportunity was provided again to submit the documentation.

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A fax or e- mail was not received.

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 4 of 4 unlicensed staff (A, B, C & D) who assisted residents with self-administration of medications, received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Findings:

Individual personnel record review for staff A, B, C, & D on [redacted] at approximately 11 AM revealed they all attended 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility on [redacted]. Continued individual personnel record review revealed no evidence to confirm the staff attended a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility, yearly (due 2014).

In an interview with the administrator on [redacted] at approximately 1:30 PM, she confirmed the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Williams Loving Care
4213 Chantelle Road
Orlando, FL 32808

RE: LNS monitoring

Dear Administrator:

This letter reports the findings of a state licensure Limited Nursing Services (LNS) 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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