STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965786	06/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Four Seasons Alf	5080 Wayside Drive Sanford, FL 32771	
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
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
Limited Nursing Services monitoring visit was conducted on . . . . . Four Seasons had deficiencies found at the time of the visit.

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

Findings:

Review of personnel files revealed the following:

Staff A revealed a negative chest x-ray on . . . . . and Staff B had a negative chest x-ray on . . . . . There was no documentation of annual . . . testing in 2014.

In an interview with the caregiver on . . . . at approximately 2 PM who stated the staff did not have their annual . . . assessments.

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 2 of 3 sampled staff (A & B), unlicensed staff who assisted with self-administration of medications, received the required 2 hours of continuing education training annually in providing assistance with medications and safe medication practices in an Assisted Living Facility.

Findings:
Review of personnel files revealed the unlicensed staff that assisted with self-administration of medications, did not have their 2 hour annual in-service in assistance with medications and safe medication practices in an Assisted Living Facility. Staff A had 2 hours of training on . . . (due . . . and Staff B had 2 hours of training on . . . . . (due . . .

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In an interview with the caregiver on [redacted] at approximately 2 PM who stated the medication in-service training was not in Staff A"s and Staff B's employment file.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on record review and interview the facility failed to ensure personnel records contained a copy of the original employment application with references for 1 of 3 sampled staff (C).

Findings:

Review of personnel files revealed staff C, the Limited Nursing Services nurse, with no date of hire noted, did not have a copy of her employment application with references in her file

In an interview with the caregiver on [redacted] at approximately 1 PM who stated the employment application was not in her file

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC
Based on record review and interview the facility, who had a Limited Nursing Services (LNS) license, failed to ensure they had a licensed nurse available to provide such services to the residents and a Registered Nurse available to conduct monthly nursing assessments.

Findings:

Review of the facility's license revealed a Standard Assisted Living Facility license with LNS that expired on [redacted]

Entrance on [redacted] at approximately 12:15 PM revealed staff C was the LNS nurse.

A phone interview was attempted on [redacted] at approximately 1:55 PM and on [redacted] at approximately 9:20 AM with Staff C. A message was left to return the calls. The calls were not returned.

In an interview with the caregiver on [redacted] at approximately 2 PM who stated she informed the administrator the surveyor was attempting to contact the LNS nurse during the monitoring visit.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Four Seasons Alf
5080 Wayside Drive
Sanford, FL 32771

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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