STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968271	06/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Anne's Home Alf Inc	955 Tuskawilla Rd Winter Springs, FL 32708	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D

Specific Tag Findings:

0000-Initial Comments
A complaint inspection CCR#2014003114 was conducted on Anne's Home Assisted Living, Incorporated had a deficiency found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, record review and interview the facility failed to document significant changes for 2 of 7 sampled residents (#1 and #5).

Findings:

1. Resident record review for resident #1 revealed an Assisted Living Facility Health Assessment Form (1823) dated that indicated diagnoses of adult The resident was on hospice.

Interview with the hospice nurse on at approximately 1:30 PM who stated the resident had a on her right lower extremity that started in 2014. She stated the in a non-healing and there has been some improvement since she was placed on

Observation on at 2:20 PM revealed a on the right ankle, that measured 2.5 centimeters (cm) round x 0.5 cm deep.

Review of the facility notes revealed there was no documentation to indicate the resident developed a and the family and the physician were notified.

Interview with the manager on at approximately 4 PM who stated there were no documentation the family and physician were notified.

2. Resident record review for resident #5 revealed an Assisted Living Facility Health Assessment Form (1823) dated that indicated diagnoses of and

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Review of the incident report, written by Staff D and dated at 6:30 AM indicated resident #5 was standing next to the closet rubbing her eye. It was the end of my shift so I told my relief person (Staff E) about it.

Review of facility notes dated: indicated resident was in the her left eye. After her eye was looked at and washed out with water.

In an interview with the administrator on at approximately 4:10 PM she stated she talked to staff D, who no longer worked in the facility. Staff D was working on at 6:30 AM. Staff D stated to her that the resident was in her her eye. Staff D stated she did not see the resident as she was not in the her. The resident was ambulatory. Staff E, the relief person who no longer works at the facility, went to look at the resident'seye and called the family member to let them know. The family member came to pick the resident up and took her to see the physician. An incident report was written. The physician gave the resident medications, as her eye was irritated and she returned to the facility. She also stated there was no documentation the family or physician was notified.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Anne's Home ALF Inc
955 Tuskawilla Rd
Winter Springs, FL 32708

RE: CCR #2014003114

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,

for Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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