STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964828	06/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ionie's Assisted Living	3447 Alissa Court 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 - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

0000-Initial Comments
A monitoring visit for Limited Nursing Services (LNS) was conducted on Ionie ' s Assisted Living 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 2 of 3 sampled staff records contained a healthcare provider statement to indicate that the person did not have any signs or symptoms of (#B & C).

Findings:

Individual personnel record review on at approximately 2:30 PM revealed that:

1. Staff #B had a healthcare provider statement that indicated freedom from dated

2. Staff #C had a healthcare provider statement that indicated freedom from dated

Continued individual personnel record review did not reveal any evidence to confirm the staff provided the facility a healthcare provider statement that indicated freedom from yearly thereafter for 2013 and 2014.

In an interview with the administrator on at approximately 3 PM, she confirmed the findings.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel record review and interview, the facility failed to ensure 1 of 3 sampled staff records contained evidence to confirm the mandated in-service training within 30 days of

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employment (#A).

Findings:

Personnel record review at approximately 2:30 PM for staff #A revealed she was a registered nurse and hired by contract on . There was no evidence to confirm she received an in-service training regarding the facility's: elopement response policy and procedures, a 1 hour in-service training regarding the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation, 1 hour in-service training regarding the reporting major and adverse incidents, 1 hour in-service training within 30 days of employment regarding resident rights in an assisted living facility and recognizing and reporting resident , neglect, and and 1 hour in-service training regarding the facility's .

In an interview with the administrator on at approximately 3 PM, she stated she did not have the nurse's telephone number ready available, as she never called her because there have not been any residents on Limited Nursing Service. The nurse also operated an assisted living facility.

The telephone number from the Agency's website was obtained. The nurse was called but she was not available and a message was left.

On at approximately 12 PM, a called was place to the administrator to inform her that the nurse did not return the call, that her certificates of training were not received, and that there was no evidence she attended the Assisted Living Facility Core training, therefore being exempt from the in-service regarding resident rights in an assisted living facility and recognizing and reporting resident , neglect, and .

In an interview with the administrator on at approximately 12 PM, she stated she did not have the nurse's telephone number ready available, but would find it and get in touch with her.

A telephone call, email or fax was not received to provide any additional information.

Class III

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0082-Training - 58A-5.0191(3) FAC
Based on personnel record review and interview, the facility failed to ensure 1 of 3 personnel records review contained evidence to confirm a one-time training regarding (#A).

Findings:

Personnel record review on at approximately 2:30 PM for staff #A revealed she was hired by contract on and was a registered nurse. The record did not reveal any evidence to confirm a one-time training regarding

The administrator was given the opportunity to call the nurse and ask her to submit her certificate to confirm the training.

In an interview with the administrator on at approximately 3 PM, she stated she did not have the nurse's telephone number ready available. She said this nurse also operated an assisted living facility.

The nurse's telephone number was obtained from the Agency's website. A call to the nurse was made but she was not available and a message was left.

On at approximately 12 PM, a called was placed to the administrator to inform her that the nurse did not return the call and her certificates of training were not received.

In an interview with the administrator on at approximately 12 PM, she stated she did not have the nurse's telephone number ready available, but would find it and get in touch with her.

A telephone call, email or fax was not received to provide any information as requested.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record personnel record review and interview, the facility failed to ensure 1 of 2 unlicensed staff who assisted residents with self-administration of medications, received a minimum 2 hour update related to medication practices in an assisted living facility yearly (#C).

Findings:

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Personnel record review on [redacted] at approximately 2:30 PM revealed that staff #C attended the 4 hour medication training on providing assistance with self-administration of medications on [redacted]. Evidence was not provided to confirm she attended/obtained a minimum 2 hour medication update training yearly thereafter, due 2013 and 2014.

In an interview with the administrator on [redacted] at approximately 11:30 AM, she stated the staff assisted the residents with self-administration of medications but she did not have documentation to confirm the training was completed.

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC
Based on interview, the facility, licensed for Limited Nursing Services (LNS), failed to ensure it employed or contracted with a nurse who must be available to provide such services as needed by residents.

Findings:

Personnel record review on [redacted] at approximately 2:30 PM for staff #A revealed she was hired by contract on [redacted] and was a registered nurse.

In an interview with the administrator on [redacted] at approximately 3 PM, she stated she did not have the nurse's telephone number ready available. She also said the nurse also operated an assisted living facility. The nurse's telephone number was obtained from the Agency's website. The nurse was called but she was not available, and a message was left.

On [redacted] at approximately 12 PM, a call was place to the administrator to inform her that the nurse did not return the call.

In an interview with the administrator on [redacted] at approximately 12 PM, she stated she would find the nurse's telephone number and get in touch with her.

Another phone call was placed to the facility on [redacted] at approximately 10:45 AM to inform the administrator that the nurse did not respond to the [redacted] call and therefore the contract was unable to be confirmed if still valid. A message to the administrator was left and a return call from the administrator was not received.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Ionie's Assisted Living
3447 Alissa Court
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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