STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967434	06/19/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Orlando Lutheran Towers	404 Mariposa Street Orlando, FL 32801	
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 - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D

Specific Tag Findings:

0000-Initial Comments
An Extended Congregate Care (ECC) monitoring visit was conducted on . . . . . Orlando Lutheran Towers had deficiencies 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 1 of 2 sampled staff records (C) contained a healthcare provider statement to indicate yearly that the person did not have any signs or symptoms of . . . . . .

Findings:

Personnel record review on . . . at approximately 1:30 PM revealed that staff C had a . . . assessment signed by the staff and a chest x-ray 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 due 2014.

In an interview with the administrator on . . . . . at approximately 2 PM, she stated that Human Resources had informed her that a chest X-ray was valid for 2 years, so staff C was in compliance.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on personnel records review and interview the facility failed to ensure that training documentation contained all the required information for 2 of 3 sampled staff (# B & C).

Findings:

Personnel record review on . . . . . at approximately 1:30 PM revealed the following:

1. Staff B was hired on . . . . and was a certified nursing assistant (CNA). Continued review revealed a certificate of orientation dated . . . . . that listed training on

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Resident's Rights, Recognizing Neglect and Emergency Preparedness, Incident and Adverse Reporting; policies and procedures, proper lifting, Biomedical Waste, Hazard Communications, Lock out/tag out, Resident/Employee relations, Back Injury Prevention, Work Place violence, Corporate Compliance, OSHA and ANEM, Risk Management/elopement. The certificate indicated 7.75 hours of training had been provided. However, it did not indicate the hours each individual in-service required by the Agency.

2. Staff C was hired and was a CNA. Review revealed a certificate of orientation dated that listed training on Resident's Rights, Recognizing Neglect and Emergency Preparedness, Incident and Adverse Reporting; policies and procedures, proper lifting, Biomedical Waste, Hazard Communications, Lock out/tag out, Resident/Employee relations, Back Injury Prevention, Work Place Violence, Corporate Compliance, OSHA and ANEM, Risk Management/elopement. There was a certificate dated that indicated 0.25 hours of in-service training given regarding the facility elopement policies and procedures. The certificate indicated 7.75 hours of training had been provided. However, it did not indicate the hours of each individual in-service required by the Agency.

In an interview with the administrator on at approximately 2 PM, she stated staff had been in-serviced next door at the skilled facility and the trainer had overlooked the information needed on the certificates. However, the 7.75 hours plus another 0.25 hours totaled the required 8 hours of training,

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Orlando Lutheran Towers
404 Mariposa Street
Orlando, FL 32801

RE: ECC monitoring

Dear Administrator:

This letter reports the findings of a state licensure ECC 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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