

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966707	(X3) DATE SURVEY COMPLETED 06/12/2014
NAME OF PROVIDER OR SUPPLIER lonie's Assisted Living ll	STREET ADDRESS, CITY, STATE, ZIP CODE 3120 Hammersmith Road Orlando, FL 32818	
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-5.019(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

0000-Initial Comments

A Limited Nursing Services (LNS) monitoring was conducted on lonie's Assisted Living II had deficiencies found during 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 contained a healthcare provider statement to confirm freedom from communicable including (#B).

Findings:

During the facility entrance on at approximately 9:30 AM, staff #A stated she was alone with the residents and called the assistant administrator. In a telephone interview with the assistant administrator, she stated she was in court and the administrator was at a doctor's appointment but staff had access to the personnel records.

Personnel record review on at approximately 10 AM revealed that staff #B was hired on There was no evidence to confirm she provided the facility a healthcare provider's statement to confirm freedom from communicable including and that she was free from yearly thereafter, due 2013 and 2014.

A business card was left at the facility and was given to staff #A. An exit was conducted with staff #A. Staff #A was asked to tell the assistant administrator to call the surveyor but a call was not received. Another phone call was placed to the facility on at approximately 11 AM, and a message was left but a return call was not received.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.019(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

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minimum 2 hour update related to medication practices in an assisted living facility yearly (#B).

Findings:

During the facility entrance on _____ at approximately 9:30 AM, staff #A stated she was alone with the residents and called the assistant administrator. In a telephone interview with the assistant administrator, she stated she was in court and the administrator was at a doctor's appointment but the staff had access to the personnel records. Staff #A stated staff #B was her relief.

Personnel record review on _____ at approximately 10 AM revealed that staff #A attended the 4 hour medication training on _____. There was no evidence to confirm she attended/obtained a minimum 2 hour medication update training in the year 2014.

A business card was left at the facility and was given to staff #A. An exit was conducted with the staff. The staff was asked to tell the assistant administrator to call the surveyor. A call was not received. Another phone call was placed to the facility on _____ at approximately 11 AM, a message was left but a return call was not received.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on interview and record review, the facility failed ensure that personnel record for 1 of 2 sampled staff records contained copies of all certifications for all staff providing services that require certification (#B).

Findings:

During the facility entrance on _____ at approximately 9:30 AM staff #A stated she was alone with the residents and called the assistant administrator. In a telephone interview with the assistant administrator, she stated she was in court and the administrator was at a doctor's appointment but the staff had access to the personnel records. Staff #A stated staff #B was her relief.

Personnel record review on _____ at approximately 10 AM revealed that staff #A had First Aid and _____ certification that expired on _____. Continued review did not reveal evidence to confirm the staff had current First Aid and _____ certification.

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A business card was left at the facility and was given to staff #A. An exit was conducted with the staff. The staff was asked to tell the assistant administrator to call the surveyor. A call was not received. Another phone call was placed to the facility on at approximately 11 AM, a message was left but a return call was not received.

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:

During the facility entrance on at approximately 9:30 AM, staff #A stated she was alone with the residents and called the assistant administrator. In a telephone interview with the assistant administrator, she stated she was in court and the administrator was at a doctor's appointment. A staff schedule was requested and the assistant administrator stated it would be emailed to surveyor when she came to facility.

Personnel record review on at approximately 9:45 PM for staff #A revealed she was hired by contract on and was a registered nurse.

The surveyor obtained the telephone number from the Agency's website and called the nurse. 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. 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.

Another phone call was placed to the facility on at approximately 11 AM to inform the administrator that the surveyor was unable to make contact with the nurse and therefore unable confirm the contract was still valid. A message 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 II
3120 Hammersmith Road
Orlando, FL 32818

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

