STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965563	07/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Almark Health Services, Inc. #ii	4502 Almark Drive Orlando, FL 32839	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
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 - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

Specific Tag Findings:

0000-Initial Comments
A biennial re-licensure survey was conducted on . . . . . Almark Health Services II had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview the assisted living facility failed to obtain omitted information from the Resident Health Assessment Form (AHCA Form 1823) for 1 of 3 sampled residents (Resident #3).

Findings:

On . . . . . at 4:30 pm an interview was conducted with the Assistant Administrator. The Assistant Administrator acknowledged the information was not documented on the resident health assessment form (AHCA form 1823) and stated they knew how to assist with administering her medications "from watching her and seeing how she does, we knew she was able to do it."

On . . . . . record review was conducted on resident #3 ' s health assessment form (AHCA form 1823) which revealed that section 2-B was not completed by the resident healthcare provider. Furthermore there was no documentation on the form to determine how the resident medication should be administered. In addition, there was no written documentation in resident #3's file to identify how the medication should be administered. A hand written note was observed in resident #3's file that read, ... need update 1823 for resident #3."

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

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Based on observation and interview the assisted living facility failed to store 3 of 3 sampled residents (resident # 1, #2, #3) medication in a locked cabinet or storage receptacle.

Findings:

On , 2014 at 2:11 PM staff B was observed retrieving resident #3's medication bag from an unlocked key entry safe inside the assisted living facility office. On that same date, after the 2:11 PM medications pass, Staff B was observed replacing Resident #3's bag of medications inside the key entry safe. Staff B was observed closing the safe without securing the lock and exiting the office.

On , 2014 at 3:15 PM the surveyor returned to the safe where resident #1, #2 and #3 medication was located. The surveyor was able to open the unlocked safe containing the resident's medications.

On , 2014 at 4:30 PM an interview was conducted with the assistant living facility assessment administrator. During the interview the assistant administrator was observed opening the unlocked key entry safe located in the facility office and stated she thought the safe was locked. The assistant administrator stated the medication should be kept in a locked cabinet. The administrator stated the safe was probably unlocked because the state surveyors were in the staff B thought it was okay.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on interview and record review the assisted living facility failed to ensure that 1 of 3 sampled employees (Administrator) obtained annual documentation that the employee is free from

Findings:

On a record review of the administrators personnel file revealed a freedom from communicable , including statement dated . No evidence of a current freedom from statement was located in the administrator's file.

On at 6:24 p.m. an interview was conducted with the assistant living facility administrator. The administrator stated he was unable to produce a current freedom from

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statement at the time of the survey.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on interview and record review the assistant living facility failed to ensure 2 of 3 sampled staff obtained the required 2 hours of annual self-administrative medications and med management training (#1 and #3).

Findings:

A record review was conducted on staff member #1. The record revealed no documentation that staff #1 received the annual 2 hour medication update training.

A review was conducted of staff #3's personnel record. The record review revealed staff #3 last training was completed in , 2013.

On , 2014 at 4:30 PM, an exit interview was conducted with the Assistant Administrator who stated, " staff participated in the training last year at Lakeside, " in regards to employee(s) #1 and #3 obtaining the required annual training for assistance with self-administered medication and medication management. However, there was no documented evidence that the staff received the training.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on interview and record review the assistant living facility failed to record and maintain the body weight of 1 of 3 sampled residents on a semi-annual basis (Resident #1).

Findings:

A record review was conducted for resident #1. The record revealed that resident #1 was admitted to the facility on . No weight record for resident #1 was located. There was no documentation on the health assessment (AHCA form 1823) or in resident's record.

On , 2014 at 4:30 PM, an exit interview was conducted with the Assistant Administrator who stated, "I guess we have not done it".

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Class III

L241-LMH - Records 58A-5.029(2) FAC
Based on interview and record review the assistant living facility failed to obtain an annually updated community living support plan for 1 of 3 (#1) sampled residents. The assistant living facility also failed to ensure a community living support plan reflected the resident's needs and services.

Findings:

On [redacted] at 04:30 p.m. the Assistant administrator acknowledged the Community Living Support Plan was not up to date in resident # 1's file as they are "going through changes and suspect it's done but not in the record." He stated that he is shocked that it was not done and may have been an oversight of the new Assistance Administrator.

A record review on resident #1's chart revealed a community living support plan dated [redacted] A hand written note attached to the resident's community living support plan read, [redacted] need to set a plan for her". Further review of resident #1's community living support plan revealed the service needs section did not identify the objectives and intervention services for resident #1.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Almark Health Services, Inc. #II
4502 Almark Drive
Orlando, FL 32839

RE: Biennial w/LMH

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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