

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964828	(X3) DATE SURVEY COMPLETED 07/22/2014
NAME OF PROVIDER OR SUPPLIER Ionie's Assisted Living	STREET ADDRESS, CITY, STATE, ZIP CODE 3447 Alissa Court Orlando, FL 32808	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration 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 - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Initial Comments

The re-licensure survey was conducted on Ionie's Assisted Living Facility had deficiencies found at the time of the visit.

0053-Medication - Administration 58A-5.0185(4) FAC

Based on observation, record review and interview the facility failed to ensure medication administration was provided by a licensed nurse for 1 of 2 sampled residents (#1).

Findings:

Observations during the medication pass on 9:40 AM noted staff A retrieved the medications for resident #1 from the locked medication cart. The medications were 10 milligrams (mg) daily, 325 mg 2 tablets every morning, 20 mg daily, Plus one tablet twice daily and Hyoscamine 0.125 mg twice daily. She went to the resident's The resident was bedbound. She read the label to the resident; she poured 1 pill at a time in a plastic cup and brought the cup to the resident's mouth. The resident drank the medication one at a time. The resident was unable to assist with her medications; the unlicensed staff administered the medications.

Resident record review on at approximately 2 PM for resident #1 revealed a health assessment (1823) dated that listed diagnosis of The report indicated the resident needed medications to be administered. She was under the care of hospice since

Personnel record review on at approximately 3 PM for staff A revealed she was not a licensed nurse.

In an interview on at approximately 3:30 PM, with the administrator, who asked if she would need a nurse to administer the medication?

Class III

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

Based on observations and interview the facility failed to ensure medications were kept in a locked cabinet, locked cart, or other locked storage receptacle, or area at all times, out of sight of all residents.

Findings:

Observations during the medication pass on 9:40 AM noted staff A retrieved the medications for resident #1 from the locked medication cart. The medications were 10 milligrams (mg) daily, 325 mg 2 tablets every morning, 20 mg daily, Plus one tablet twice daily and Hyoscamine 0.125 mg twice daily. She went to the resident's The resident was bedbound. Resident #6, who was sat in a chair in the well. The staff placed the medications on the bedside table and walked out of the She went to get water for resident #1.

In an interview on at approximately 3:30 PM with the administrator she offered no comment.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on personnel record review and interview the facility failed to ensure all staff were assigned duties consistent with his/her level of education, training, preparation, and experience and allowed unlicensed staff to administer medications to 1 of 2 sampled (#1).

Findings:

Observations during the medication pass on 9:40 AM noted staff A retrieved the medications for resident #1 from the locked medication cart. The medications were 10 milligrams (mg) daily, 325 mg 2 tablets every morning, 20 mg daily, Plus one tablet twice daily and Hyoscamine 0.125 mg twice daily. She went to the resident's The resident was bedbound. She read the label to the resident; she poured 1 pill at a time in a plastic cup and brought the cup to the resident's mouth. The resident drank the medication one at a time. The resident was unable to assist with her medications; the unlicensed staff administered the medications.

Resident record review on at approximately 2 PM for resident #1 revealed a health assessment report 1823 dated that listed diagnosis of The report indicated the resident needed medications to be administered. She was under the care of hospice since

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Personnel record review on at approximately 3 PM for staff A revealed she was not a licensed nurse.

In an interview on at approximately 3:30 PM with the administrator who asked if she would need a nurse to administer the medications?

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on observations, schedule review and interview the facility failed to maintain the required minimum staff hours per week.

Findings:

During the facility entrance on at approximately 8:45 AM staff A stated the census was 7 residents.

Review of the staff schedule for the week of to revealed that 4 staff worked for a total of 168 weekly hours. Based on a census of 7 residents the facility need 212 weekly staff hours.

In an interview on at approximately 3:30 PM, who stated she did not realize that more staff hours were required.

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0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observations and interview the facility failed to maintain regular menus as served, with substitutions on file in the facility for 6 months.

Findings:

The menu posted by the kitchen on indicated that cycle 4 of the menu was to be served; it was dated for the week of to Staff A stated that was the menu she followed on Tues The posted menu to be served was turkey /stuffing /tossed salad, apple pie & beverage. The administrator stated at approximately 11:45 AM that 2 residents (#2 and #4) requested pork for lunch.

Observations during lunch on at approximately 12 PM noted 2 residents had pork instead of turkey. Pound cake was served instead of apple pie.

Review of the facility's menus revealed they were dated for the week in use; however there were no substitution noted.

In an interview on at approximately 12:30 PM with the administrator, who stated she normally wrote the substitutions on a piece of paper and pasted it to the posted menu and they either off or she took them off. She had no documentation to confirm substitutions were maintained for 6 months.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Ionie's Assisted Living
3447 Alissa Court
Orlando, FL 32808

Dear Administrator:

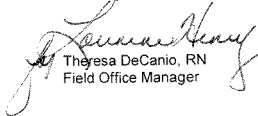
This letter reports the findings of a state re-licensure survey that was conducted on 2014 by representative(s) of this office.

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 407-420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

