STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964948	08/20/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Orlando Ivy Court	8015 Pin Oak Dr. Orlando, FL 32819	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D

Specific Tag Findings:
0000-Initial Comments
A monitoring visit for Limited Nursing Services (LNS) was conducted on . . . . . Orlando Ivy Court had a deficiency found at the time of the visit.

0083-Training - First Aid and . . . 58A-5.0191(4) FAC
Based on personnel record review and interview the facility failed to ensure that a staff member who had First Aid certification offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American . . . Association, or National Safety Council; or a provider approved by the Department of Health was in the facility at all times when residents were present.

Findings:

Personnel record review for staff D revealed a . . . . certification card that expired on . . . . . Continued review revealed no evidence to confirm she had been trained on First Aid and had current . . . . certification.

Review of the staff schedule from . . . . . to . . . . revealed staff C worked the night shift (11 PM to 7 AM). She worked with staff E and staff F. Review of the personnel record for staff E revealed she had . . . . certification valid thru . . . . . and there was no evidence to confirm she had Fist Aid certification. Staff F had no evidence she had been trained on First Aid and . . . .

In an interview with the Business Office Manager on . . . . . at approximately 1 PM, she stated staff D may have the First Aid card at home. An opportunity was given to the facility to submit the documentation by electronic mail (e-mail) by the close of business on . . . . . An e-mail was not received.

In an interview with the Business Office Manager on . . . . . at approximately 1 PM, she stated that after speaking with the staff they all realized; because they were in school or had other jobs they all had . . . . but not First Aid.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Orlando Ivy Court
8015 Pin Oak Dr.
Orlando, FL 32819

RE: LNS monitoring

Dear Administrator:

This letter reports the findings of a state licensure LNS survey that was conducted on 20, 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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com