STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966707	07/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ionie's Assisted Living Ii	3120 Hammersmith Road Orlando, FL 32818	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= G
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= B

Specific Tag Findings:

0000-Initial Comments
A re-licensure survey was conducted on and on Ionie's Assisted Living Facility II had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on interview and record review and interview the facility failed to ensure the health assessment contained all required information for1 of 2 sampled residents (#2).

Findings:

Resident record review on at approximately 1 PM for resident #2 revealed a health assessment report dated that listed diagnoses as "see attached". Continued review revealed that an attachment was not available.

In an interview with the assistant administrator on at approximately 1:30 PM, she offered no comment.

Class III

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on observations, record review and interviews the facility retained 1 of 2 sampled

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966707	07/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ionie's Assisted Living Ii	3120 Hammersmith Road Orlando, FL 32818	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

residents (#1) who developed a pressure

Findings:

Observations on at approximately 9:30 AM noted resident #1 sat in a wheelchair in the living Staff A identified the resident as being under the care of home health services for a to the "That was getting better".

Continued observations at 10:30 AM , 11:30 AM, 12:30 AM and 1:30 AM the resident sat in the living the wheelchair. The wheelchair was in the same location during these times. At approximately 12:30 PM staff A; fed the resident while she sat in the wheelchair.

Resident record review at approximately 2:15 PM for resident #1 revealed a health assessment report dated that listed diagnoses of Continued review revealed the assessment indicated the resident was independent with all the activities of daily living. The last weight documented on the weight record was 145 pounds on dated This was the only weight recorded for 2013.

Continued review revealed a home health services folder that contained nurse's notes. A note dated indicated the resident had a pressure on left hip that measured 3.0 long x 4wide x less than 0.1 deep (measurement taken in centimeters). Note dated 11/6 /13 indicated left hip with eschar, measurements not given. Note dated indicated left hip with black eschar at bed (continued note illegible). Note dated noted the needed debridement, the had thick eschar lifting.

Observations on at approximately 1:45 PM the assistant administrator attempted to help the resident transfer from wheelchair to bed, the resident stiffed up and remained in the chair. The administrator stated resident #1 was her aunt.

In an interview with the assistant administrator on at approximately 3 PM, regarding the residency criteria , she stated the issue would be discussed that night.

Resident records were requested by the Agency from the home health care agency on at approximately 12 PM . The records were received on at approximately 4 PM.

Home health care services notes reviewed on at approximately 9AM note the resident was admitted to their services on Page 12 of 30 of the OASIS nursing assessment dated indicated the resident had a (4) pressure that measured 2.0 x 2.5

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966707	07/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ionie's Assisted Living Ii	3120 Hammersmith Road Orlando, FL 32818	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

x 0.5 , not healing. The undermining was measured at 3.5 at 7o'clock. The resident was not alert and unable to recall directions.

Continued home health care nurse's notes revealed a note dated that inidcated a left hip pressure that measured 0.7x 0 x 6x0.4

On at approximately 3:05 PM a nurse arrived to provide care to resident #1, who was sitting in a wheelchair in the common area, sleeping. The nurse transferred the resident into her bed. The nurse stated she had provided care to the resident, for several months, on Monday, Wednesday and Friday. She stated the was between a and a and had improved since she had been providing care to the resident.

Observations on at approximately 3:20 PM revealed the was on the left hip. The nurse removed the dressing and the Alginate packing from the There was pink draining surrounding the packing. The bed was dry. The nurse measured the . The length was 1.5 centimeters (cm) by 0.9 cm width by 0.4 cm depth with 2.1 cm undermining at 9 o'clock. The was a . The was cleansed with and gauze, 2/2/5 powder was applied into the bed and packed with Alginate, washed with , covered with 4x4 gauze and Mefix tape applied.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observations, record review and interview the facility failed to ensure it provided care and services appropriate to the needs of 1 or 2 residents (#1), who developed a pressure and failed to maintain written records of significant changes for 2 of 2 sampled residents (#2).

Findings:

1. Observations on at approximately 9:30 AM noted resident #1 sat in a wheelchair in the living . Staff A identified the resident as being under the care of home health services for a to the "That was getting better".

Continued observations at 10:30 AM, 11:30 AM, 12:30 PM and 1:30 PM the resident sat in the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966707	07/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ionie's Assisted Living II	3120 Hammersmith Road Orlando, FL 32818	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

living . . . . . the wheelchair. The wheelchair was in the same location during these times. The resident had a wheelchair cushion. During continued observations at approximately 12:30 PM staff A, fed the resident while she was still seated in the wheelchair.

Resident record review at approximately 2:15 PM for resident #1 revealed a health assessment report dated . . . . . that listed diagnoses of . . . . . Continued review revealed the assessment indicated the resident was independent with all the activities of daily living. The last documented weight was 145 pounds on . . . . . This was the only weight recorded for 2013. Continued review revealed there were no notations regarding the onset of the pressure , what interventions were in place to prevent . or what measures were put in place once the area opened. There was no documentation regarding the resident's hospitalization in 2014.

Continued review revealed a home health services folder that contained nurse's notes. A note dated . . . . . indicated the resident had a pressure on left hip that measured 3.0 long x 4 wide x less than 0.1 deep (measurement taken in centimeters). Note dated 11/6 /13 indicated left hip with eschar (dry scab), measurements not given. Note dated indicated left hip . . . . with black eschar at bed (continued note illegible). Note dated . . . noted the . . . . . needed debridement; the . . . . had thick eschar lifting.

Observations on at approximately 1:45 PM the assistant administrator attempted to help the resident transfer from wheelchair to bed; the resident stiffened up and remained in the chair.

Interview with the administrator on at approximately 2:00 PM the staff are aware the resident was to re-position her after breakfast and lunch and maybe the staff had moved her and the surveyor did not noticed. The assistant administrator was informed the resident was within eyesight all the time including before, during and after lunch. The resident sat across the dining . . . . . kitchen. The resident was observed from the dining table.

Resident records were requested by the Agency from the home health care agency on . . . . . at approximately 12 PM. The records were received on . . . at approximately 4 PM.

Home health care services notes reviewed on . . . at approximately 9 AM noted the resident was admitted to their services on . . . . . Page 12 of 30 of the OASIS nursing assessment dated . . . indicated the resident had a . (4) pressure . . . that measured 2.0 x 2.5

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966707	07/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ionie's Assisted Living Ii	3120 Hammersmith Road Orlando, FL 32818	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

x 0.5, not healing. The undermining was measured at 3.5 at 7 o'clock. The resident was not alert and unable to recall directions. The note indicated the resident had been hospitalized for high and left hip (full thickness tissue loss with exposed bone).

Note dated indicated the pressure was on the left hip and measured 2.0 x 1.7 x 0.5 with undermining 6 cm at 9 0'clock and 2 cm at 2 o'clock and 4 cm at 3 o'clock.

Note dated indicated left hip measured 1.5 x 1.4 x 0.6; with undermining 1.5 at 1 o'clock.

Note dated indicated left hip measured 1.5 x 1.4 x 0.5; with undermining 1.5 at 1 o'clock.

The notes indicated that the caregiver was to continue to reposition every 2 hours and provide hydration to prevent

Continued home health care nurse's notes revealed a note dated that indicated a left hip pressure that measured 0.7 x 0 x 6x 0.4

On at approximately 3:05 PM a nurse arrived to provide care to resident #1, who was sitting in a wheelchair in the common area, sleeping. The resident had a wheelchair cushion and a pressure relief mattress on her bed. The nurse transferred the resident into her bed. The nurse stated she had provided care to the resident, for several months, on Monday, Wednesday and Friday. She stated the was between a and a and had improved since she had been providing care to the resident.

Observations on at approximately 3:20 PM revealed the was on the left hip. The nurse removed the dressing and the Alginate packing from the . There was pink draining surrounding the packing. The bed was dry. The nurse measured the . The length was 1.5 centimeters (cm) by 0.9 cm width by 0.4 cm depth with 2.1 cm undermining at 9 o'clock. The was a . The was cleansed with and gauze, 2/2/5 powder was applied into the bed and packed with Alginate, washed with covered with 4x4 gauze and Mefix tape applied.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966707	07/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ionie's Assisted Living Ii	3120 Hammersmith Road Orlando, FL 32818	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

2. Resident record review on . . . at approximately 1 PM for resident #2 revealed a local hospital's discharge paperwork dated . . . . . Continued review revealed no notations that indicated what significant change happened that required the resident to go for higher level of care at the local emergency . . . Interview with the administrator at the time confirmed the above.

Class II

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations and interview the facility failed to ensure the unlicensed staff (A) that assisted 1 of 1 resident (#3) with self-administration of medications followed the correct procedure.

Findings:

Observations on . . . . . at approximately 12:30 PM noted that staff A retrieved a pill organizer from the medication closet. The pill organizer was labeled 8 AM, 12 PM, 2 PM, 5 PM and 8 PM. She took a large white pill from the 12 PM slot. The 5 PM slot had 1 large white pill and the 8 PM slot had 1 small white pill inside. The staff told the resident, who sat at the dining table, "This is your , and gave the resident the large white pill. She observed the resident take the pill. She returned the organizer to the closet. She stated that she only assisted this resident like this (with the organizer) "I fill it every day in the morning". Shortly after she returned as stated "The resident went out with her family and brought the pills back in the organizer". She signed the Medication Observation Record at approximately 12:40 PM.

Observations noted that the staff did not bring the medications, did not take the medication. in its previously dispensed, properly labeled container, from where it was stored, and brought it to the resident. (b)In the presence of the resident, read the label, opened the container, removed a prescribed amount of medication from the container, and close the container and return the container to its storage.

In an interview with the assistant administrator on . . . at approximately 2 PM, who offered no comment.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966707	07/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ionie's Assisted Living Ii	3120 Hammersmith Road Orlando, FL 32818	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0053-Medication - Administration 58A-5.0185(4) FAC
Based on observations, record review and interview the facility failed to ensure medication administration was provided by a licensed nurse for 2 of 2 sampled residents (#1 and #2).

Findings:

During the facility tour on [redacted] at approximately 9:30 AM staff A, stated she had assisted all the residents with their morning medications.

1. Resident record review at approximately 1 PM for resident #1 revealed a health assessment report dated [redacted] that listed diagnoses of [redacted]. Continued review revealed the assessment indicated she needed medications administered.

2. Resident record review at approximately 1 PM for resident #2 revealed a health assessment report dated [redacted] that listed diagnoses as "see attached" and indicated under nursing services "assistance with medications". Page 3 of the assessment indicated the resident needed medication administration.

Observations on [redacted] at approximately 2:15 PM, noted staff C assisted resident #2 with his medications. She retrieved the medications from the locked medication cabinet. The resident was near her. She read the label to the resident; she poured the medication in a plastic cup and handed it to the resident. She observed the resident take the medication and signed the Medication Observation Record. She returned the medication to the locked medication cart.

Individual personnel record review at approximately 1:30 PM for staff A, B and C revealed they were not licensed nurses, therefore unable to administer medications.

In an interview with the assistant administrator on [redacted] at approximately 2 PM, she offered no comment but took notes.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based 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 them administer medications to 2 of 2 sampled residents (#1 and #2).

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966707	07/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ionie's Assisted Living Ii	3120 Hammersmith Road Orlando, FL 32818	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

During the facility tour on ... at approximately 9:30 AM staff A, stated she had assisted all the residents with their morning medications.

Resident record review at approximately 1 PM for resident #1 revealed a health assessment report dated ... that listed diagnoses of ... Continued review revealed the assessment indicated she needed medications administered.

Resident record review at approximately 1 PM for resident #2 revealed a health assessment report dated ... that listed diagnoses as "see attached" and indicated under nursing services "assistance with medications". Page 3 of the assessment indicated the resident needed medication administration.

Observations on ... at approximately 2:15 PM, noted staff # C assisted resident #2 with his medications. She retrieved the medications from the locked medication cabinet. The resident was near her. She read the label to the resident; she poured the medication in a plastic cup and handed it to the resident. She observed the resident take the medication and signed the Medication Observation Record. She returned the medication to the locked medication cart.

Individual personnel record review at approximately 1:30 PM for staff A, B and C revealed they were not licensed nurses, therefore unable to administer medications.

In an interview with the assistant administrator on ... at approximately 2 PM, she asked if a resident needed medication to be administered, then a nurse could only be the one to administer medications. She confirmed there was no nurse on staff.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC
Based on personnel record review and interview the administrator failed to have evidence of 12 hours of continuing education in topics related to Assisted Living (ALF) every 2 years.

Findings:

Personnel record review on ... at approximately 1 PM for staff C (the assistant administrator) revealed that there was no documentation to confirm that she had completed 12 hours of continuing education in topics related to Assisted Living every 2 years.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966707	07/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ionie's Assisted Living Ii	3120 Hammersmith Road Orlando, FL 32818	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

In an interview on at approximately 1 PM, with the assistant administrator, who stated she was absolutely positively sure she had attended an ALF, update but was unable to locate the documentation.

An opportunity was provided to the assistant administrator to locate the documentation and submit it by e-mail to the surveyor by the end on business on An electronic e-mail received from the facility on at approximately 10:57 PM. Review of the e-mail revealed that evidence to confirm 12 hours of continuing education in topics related to Assisted Living (ALF) every 2 years was not received.

Class III

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:

In an interview on at approximately 10:45 AM with staff A, who stated she would be leaving the facility at approximately 12:30 PM because she had personal business to take care of. She would return later in the afternoon. She added staff B was her relief on the weekends.

Review of the facility staff schedule on at approximately 11:30 AM for the week of to revealed staff A lived -in 24 hours and staff B was her relief, who also worked 24 hours (lived-in). Staff C was the assistant administrator.

Observations on at approximately 12:30 PM noted staff A left the facility. The assistant administrator (C) who came in about 11:30 AM. stayed with the residents and provided assistance and supervision.

Personnel record review on at approximately 12:30 AM revealed that staff A had First Aid and certification that expired on Continued review revealed no evidence to confirm the staff had current First Aid and certification.

Personnel record review on at approximately 1:30 PM for staff C revealed no evidence

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966707	07/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ionie's Assisted Living Ii	3120 Hammersmith Road Orlando, FL 32818	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

to confirm she had current certification in First Aid and . . . The last available certification in the personal record was dated with an expiration date in 2012.

In an interview on . . . . at approximately 1 PM, with the assistant administrator, who stated she was absolutely positively sure staff B had . . . . & First Aid as she recalled she had it in her hands and was unable to locate it.

An opportunity was provided to the assistant administrator to locate the documentation and submit it by e-mail to the surveyor by the end on business on . . . . . An electronic e-mail received from the facility on . . . . . at approximately 10:57 PM. Review of the e-mail revealed a . . . . & First Aid certification for staff B and staff C that were dated , which was after the completion of the survey.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observations, record review and interview the facility failed to ensure that regular and therapeutic menus with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.

Findings:

Observations on . . . . . at approximately 11:30 AM noted the menu posted indicated the lunch to be served on Tuesday . . . . . was meat loaf, carrots, juice and cake. Instead fish, rice, green beans, juice were served and no cake. On Monday . . . . the lunch menu should have been fish, tartar tots, ½ spinach, Jell-O and juice.

In an interview with staff A, who cooked and served the meal, on . . . . . at approximately 12:15 PM who stated stewed beef, veggies , mac & cheese and ice cream was served on Monday because the residents just love it and since she did not make fish on Monday she made it Tuesday. She did not give cake because she would have to make it and she does not bake; besides the residents do not like that much food at once.

In an interview with the assistant administrator on . . . . . at approximately 2:30 PM who stated that no regular and therapeutic menus were kept on file in the facility for 6 months. She used a 4 week cycle and the same menus were used. She just erased the week it was used for and wrote in another week. She had no evidence to demonstrate which cycle menu was

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966707	07/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ionie's Assisted Living Ii	3120 Hammersmith Road Orlando, FL 32818	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

used for a week in the last 6 months. There was no substitutions list or menus maintained.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observations and interviews the facility failed to ensure that all appurtenances (accessories) were maintained in good working order for 6 residents who lived in the facility.

Findings:

Observations during tour of the facility on at approximately 9:30 AM noted the ceiling paint by the air conditioning vent by the dining was peeling. The the right side of the dining area, in the hallway, had peeling paint by the right side wall of the toilet.

In an interview on at approximately 12:30 PM with the assistant administrator, who stated the toilet had been moved to accommodate a wheelchair; the wheelchair had peeled the paint.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on observations, record review and interview the facility failed to ensure that 1 of 2 sampled residents (#1) who received assistance with the activities of daily living had their weight recorded semi-annually.

Findings:

Observations on at approximately 9:30 AM noted resident #1 sat in a wheelchair in the living

Continued observations at 10:30 AM, 11:30 AM, 12:30 AM and 1:30 AM the resident sat in the living the wheelchair. The wheelchair was in the same location during these times. At approximately 12:30 PM staff A, fed the resident while she was still sat in the wheelchair.

Resident record review at approximately 2:15 PM for resident #1 revealed a health assessment report dated that listed diagnoses of Continued review revealed the assessment indicated the resident was independent with all the activities of daily living. The last documented weight was 145 pounds on This was the only weight recorded

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966707	07/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ionie's Assisted Living Ii	3120 Hammersmith Road Orlando, FL 32818	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

for 2013.

Observations on at approximately 1:45 PM noted the assistant administrator attempted to help the resident transfer from wheelchair to bed, the resident stiffened up and remained in the chair.

In an interview with the assistant administrator on at approximately 3 PM, regarding the resident's weight record, she offered no comment.

Class III

0167-Resident Contracts 58A-5.025 FAC
Based on resident record review and interview the facility failed to ensure that the resident contracts for 2 of 2 sampled resident records (#1 & #2) contained all the necessary requirements.

Findings:

Individual resident record review for residents #1 and #2, at approximately 2 PM on revealed that the contract did not include a statement to inform the residents or responsible party that as part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever came first.

In an interview on at approximately 3 PM, the administrator stated the contract was overlooked.

Class

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966707	07/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ionie's Assisted Living Ii	3120 Hammersmith Road Orlando, FL 32818	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Ionie's Assisted Living II
3120 Hammersmith Road
Orlando, FL 32818

RE: Biennial relicensure

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014, and on . 2014 by representative(s) of this office. At the time of the survey it was confirmed that your facility did not renew your Limited Nursing Services (LNS) license.

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 . . . . . .

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