STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968399	10/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sloan Home Of Central Florida Inc Ii	505 Harbor Point Blvd Orlando, FL 32835	
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 - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:
0000-Initial Comments
Re-licensure survey was conducted on . Sloan Home Assisted Living Facility Inc. II had deficiencies found at the time of the visit.

0053-Medication - Administration 58A-5.0185(4) FAC
Based on record review and interview the facility failed to ensure a nurse was available to administer medications to 1 of 2 sampled residents (#1) who needed medications administered.

Findings:

During the facility tour on at approximately 9:00 AM staff stated resident #1 was an dependent and self-administered the .

In an interview on at approximately 9:30 AM with resident #1 who stated she had access to the kitchen and could help herself to snacks any time. She used Lantus 40 Units every AM and 40 Units every evening.

Resident record review for resident #1 at approximately 2 PM revealed a health assessment report form AHCA 1823 dated indicated she needed medication administration. She had diagnoses of high , and She was forgetful at times.

In an interview with the manager on at approximately 2:30 who stated the resident was able to self-administer the and the staff assisted her with her other medications. The health assessment was incorrect and she had overlooked it.

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:

During the facility tour on at approximately 9:00 AM staff stated resident #1 was an dependent and self-administered the

In an interview on at approximately 9:30 AM with resident #1 who stated she had access to the kitchen and could help herself to snacks any time.

In an interview on at approximately 10:15 AM with resident #5 who stated she had access to the kitchen and could help herself to snacks any time.

Observations on at approximately 11:30 AM noted the was kept in the refrigerator. The bottle of Lantus had a prescription label dated that indicated 40 Units every AM and 40 Units every evening. Neither the kitchen nor the refrigerator was locked. The medication bottle was not kept in a lock container within the refrigerator.

In an interview with the manager on at approximately 11:30 who stated she thought the resident had a locked box for the

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on observations, interview and personnel record review the facility failed to appoint a manager who satisfied all the Core training requirements. "Manager" means an individual who is authorized to perform the same functions as the administrator and is responsible for the operation and maintenance of an assisted living facility while under the supervision of the administrator of that facility.

Findings:

During the facility entrance on at approximately 9 AM staff A stated he called staff C to come over and assist with the survey. Staff C (the owner) was present during the complete survey and provided the Registered Nurse information and/or documentation

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needed.

Personnel record review on [redacted] at approximately 2:30 PM for staff C revealed she attended the Core training in 2008. There was no evidence to confirm she took and passed the Core test.

The website facility locator indicated staff B the administrator, managed 3 assisted living facilities, therefore a manager needed to be appointed. Each facility was licensed for 16 or fewer beds and 1 is more than 15 miles away from the other 2 facilities.

In an interview on [redacted] at approximately 2:30 PM, with staff C who stated she took the Core test and did not pass.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview the facility failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience and allowed unlicensed staff to administer medications to 1 of 2 sampled residents (#1), who needed medications administered.

Findings:

During the facility tour on [redacted] at approximately 9:00 AM staff stated resident #1 was an [redacted] dependent [redacted] and self-administered the [redacted]

In an interview on [redacted] at approximately 9:30 AM with resident #1 who stated she had access to the kitchen and could help herself to snacks any time. She used Lantus 40 Units every AM and 40 Units every evening and was able to self-administer. The staff assisted her with her pills.

Resident record review on [redacted] at approximately 2 PM for resident #1 revealed a health assessment report from AHCA 1823 dated [redacted] indicated she needed medication administration. She had diagnoses of high [redacted], and [redacted]
She was forgetful at times.

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In an interview with the manager on at approximately 2:30 who stated the resident was able to self-administer the and the staff assisted her with her other medications. The health assessment was incorrect and she had overlooked it.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on record review and interview the facility failed to ensure the person in charge of food services (staff C) completed 2 hours of continuing education annually in topics pertinent to nutrition and food service.

Findings:

In an interview on at approximately 1 PM with staff C, who stated she was the person responsible for the facility's food service.

Personnel record review at approximately 2:30 PM for staff C revealed there was no documentation to confirm she had completed 2 hours of continuing education annually regarding nutrition and food service in an assisted living facility.

In an interview on at approximately 2:45 PM with the staff C who stated she needed to obtain the continuing education requirements.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observations, record review and interview the facility failed to maintain a 3-day supply of nonperishable foods that included long shelf -life milk.

Findings:

During the facility tour on at approximately 8:50 AM staff #A stated the facility census was 5 residents.

Observations of the facility's emergency food supply at approximately 1:30 PM noted no long shelf -life milk was available. Based on a census of 5 residents the facility needed 240 ounces of milk (5 residents x 16 ounces x 3 days).

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Review of the resident contract revealed the facility would provide 3 meals a day.

In an interview on approximately 2:30 PM, with staff C the assistant administrator, who agreed that milk, was needed as she planned to go shopping today.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sloan Home Of Central Florida Inc II
505 Harbor Point Blvd
Orlando, FL 32835

RE: Biennial relicensure w/LNS

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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