STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967818	10/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sincerity	2853 Abington Avenue Orlando, FL 32826	
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 - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= G
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments
Complaint investigation #2014007294 was conducted on Sincerity Assisted Living had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on interview and record review the facility failed to ensure the health assessment contained all required information for 2 of 4 sampled residents record (#1 and #3).

Findings:

Resident record review on at approximately 2:30 PM for resident #1 revealed the resident was admitted to the facility Continued review revealed a health assessment report dated Further review revealed the assessment did not address whether or not the resident had any know

Resident record review on at approximately 2:30 PM for resident #3 revealed she was admitted to the facility Continued review revealed a health assessment report dated which did not address the resident's dietary and medication needs.

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In an interview with the administrator on at approximately 3:30 PM who stated the information had been overlooked.

Class III

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC
Based on observations, record review and interview the facility failed to ensure 1 of 5 sampled residents (#5) who were at risk of elopement, had identification on her person at all times and failed to have a photo of the resident available to staff.

Findings:

Observations of resident #5 on at approximately 10:15 noted she did not have any type of identification on her person. The resident ambulated independently through the facility.

Resident record review for resident #5 on at approximately 2:30 PM revealed a health assessment report form 1823 dated right cereal high and lung The assessment did not address whether or not the resident was an elopement risk.

Facility notes indicated that on:

the resident came out at 7 PM and did not want to come back in the house.

for a while kept trying to go out the front door. She stated she was going home; tried to escape several times.

(Moved from Home away from home to Sincerity Admitted to hospice

11:35 AM opened front door and started to wander outside without assistant. Heard the alarm go of, saw resident stepping outside quickly brought her in.

In an interview with the administrator on at approximately 3:30 PM who stated the resident did not have identification on her person and her picture was not available either.

Class III

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0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on observations and interviews the facility failed to ensure 2 of 2 sampled staff (A and B) received the required in-service training regarding within the required time frames.

Findings:

In an interview with staff B on at approximately 10 AM who stated she was alone with the residents. There were 4 residents home. She called the administrator. The administrator arrived approximately 30 minutes later.

In an interview with the administrator on at approximately 3 PM who stated staff B was not a facility staff but someone who came to relieve her while she ran some errands. The administrator added that she had no certificates of training because she did not work there. She had no evidence to confirm she attended 1 hour in-service training in control, including universal precautions and facility sanitation procedures before providing personal care to residents. A 1 hour in-service training within 30 days of employment that covered the following subjects: 1. Reporting major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

Staff who provide direct care to residents, who have not taken the core training program, must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and

At approximately 11 AM staff B was observed combing the hair of Random Sampled resident #1. She assisted him with dressing and ambulation. Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living.

At approximately 12 PM the staff was noted to prepare and assist the administrator to serve lunch. Staff who prepare or serve food, who has not taken the assisted living facility core training, must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.

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All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.

Personnel record review on at approximately 3 PM for staff A revealed she was a caregiver and was hired in Continued review revealed no evidence to confirm the staff received a 1 hour in-service training regarding the facility's elopement response policies and procedures.

In an interview with the administrator on at approximately 3:30 PM, she stated that the staff had the training, she was unable to locate the certificate.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on observations and interviews the facility failed to ensure 1 of 2 sampled staff (B) attended a one- time training regarding

Findings:

In an interview with staff B on at approximately 10 AM who stated she was alone with the residents. There were 4 residents home. She called the administrator. The administrator arrived approximately 30 minutes later.

In an interview with the administrator on at approximately 3 PM who stated staff B was not a facility staff but someone who came to relieve her while she ran some errands. The individual was not a staff; therefore she did not have training in

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on observations and interview the facility failed to ensure a staff member who had First Aid certification and Cardio-puln 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.

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Findings:

In an interview with staff B on [redacted] at approximately 10 AM who stated she was alone with the residents. There were 4 residents home. She called the administrator. The administrator arrived approximately 30 minutes later

In an interview with the administrator on [redacted] at approximately 3 PM who stated staff B was not a facility staff but someone who came to relieve her while she ran some errands. The surveyor asked if staff B had First Aid and [redacted] training. She replied staff B was not a staff. The residents were left to the care on an untrained individual.

Class II

0090-Training - [redacted] 58A-5.0191(11) FAC
Based on observations and interviews the facility failed to ensure 1 of 2 sampled staff (B) received the required 1 hour training related to [redacted]

Findings:

In an interview with staff B on [redacted] at approximately 10 AM who stated she was alone with the residents. There were 4 residents home. She called the administrator. The administrator arrived approximately 30 minutes later.

In an interview with the administrator on [redacted] at approximately 3 PM who stated staff B was not a facility staff but someone who came to relieve her while she ran some errands. The individual was not a staff; therefore she did not have training in [redacted]

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observations and interview the facility failed to ensure that all electrical appurtenances are maintained in good working order.

Findings:

Observations on [redacted] at approximately 10:45 AM noted that an electrical outlet in the common area and an electrical outlet on the right wall of the [redacted] residents #4 and #5 did not have a cover.

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In an interview with the administrator on [redacted] at approximately 4 PM who acknowledged the outlets had missing covers.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on observations and interviews the facility failed to ensure that personnel record for 1 of 2 sampled staff records contained all the mandated documentation (B).

Findings:

In an interview with staff B on [redacted] at approximately 10 AM who stated she was alone with the residents. There were 4 residents home. She called the administrator. The administrator arrived approximately 30 minutes later.

In an interview with the administrator on [redacted] at approximately 3 PM who stated staff B was not a facility staff but someone who came to relieve her while she ran some errands. The individual was not a staff; therefore she did not have an application for employment, with references furnished and documentation verifying freedom from signs or symptoms of communicable [redacted]

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC
Based on record review and interview the facility failed to submit to the Agency the 1 and 15 day reports for 1 of 1 incident(s) where the police was called regarding the [redacted] of a resident.

Findings:

Record review for resident #1 revealed a note dated 7/blank/2014 7 AM client [redacted] 911 called to investigate condition. Staff A called to inform the resident was not getting up. There was a hospice nurse present who took the resident's pulse and confirmed there was no pulse. The staff checked the resident's pulse. The resident did not respond; she asked the hospice nurse to check on him. The nurse stated there was no pulse/ no breathing and 911 was called. The coroner was called, based on rigidity it was determined he passed early in the morning 7-:730 AM. Call placed to the VA hospital. Based on condition, someone made arrangements to remove the body. The family was called, there was no answer. Incident report

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. . . . . Client not waking from bed, called out to client and found client passed way.

In an interview with administrator on . . . . . at approximately 3 PM who stated the resident's family did not keep in contact with resident and did not want anything to do with him. She added that an adverse report was not submitted to the Agency. She did not know it was required.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on observations and interviews the facility failed to ensure 1 of 2 staff (B) whom was in a role that required a background screening had a screening done before she cared for the residents.

Findings:

In an interview with staff B on at approximately 10 AM who stated she was alone with the residents. There were 4 residents home. She called the administrator. The administrator arrived approximately 30 minutes later.

In an interview with the administrator on . . . . . at approximately 3 PM who stated staff B was not a facility staff but someone who came to relieve her while she ran some errands. The surveyor asked if staff B had been fingerprinted at her previous job and the administrator said no. The Agency background screening website did not have a screening result for Staff B on . . . . . at approximately 3:10 PM.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sincerity
2853 Abington Avenue
Orlando, FL 32826

RE: CCR #2014007294

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation 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

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