STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967269	10/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Zion's Ii Assisted Living, Inc	256 Barbarossa Rd Nw Palm Bay, FL 32907	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0007-Admissions - Criteria-10/27/2014
0078-Staffing Standards - Staff-10/27/2014

Revisit Repeat Tags:
0000-Initial Comments-
0162-Records - Resident-58a-5.024(3) Fac

Specific Tag Findings:
0000-Initial Comments
A revisit was conducted in conjunction to the Change of Ownership (CHOW) survey on 10/27/14. Zion II Assisted Living had one uncorrected deficiency found at the time of the visit.

0162-Records - Resident 58A-5.024(3) FAC
. . . . . Revisit was conducted. Deficiency A-0162 remained uncorrected.

Based on interview and record review the facility failed to ensure that 1 of 4 sampled residents (#1) records contained the written informed consent described in Rule 58A-5.0181, F.A.C..

Findings:

Resident record review for resident #1 on . . . . . at approximately 2:30 PM revealed both received assistance with self -administration of medication from unlicensed staff. Continued review that included the resident's contract revealed a hand written note dated . . . . . that inidcated. I give consent to Serenity Place staff to give my mom her medications.

An informed consent regarding assistance with self-administration of medications from unlicensed that explained that the staff were not licensed and whether or not the staff who assisted with the medications , would or not be supervised by a nurse was not available.

In an interview with the administrator on . . . . . at approximately 4 PM, who stated the consent form had been overlooked.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Zion's II Assisted Living, Inc
256 Barbarossa Rd NW
Palm Bay, FL 32907

RE: Revisit to Biennial relicensure

Dear Administrator:

This letter reports the findings of a revisit survey conducted on . . . . . 27, 2014, by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2014.**

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. Should you have any questions please call this office at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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