STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967903	12/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
All Seniors Assisted Living	2706 Pioneer Road Orlando, FL 32808	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D

Specific Tag Findings:
0000-Initial Comments
A Limited Nursing Services (LNS) monitoring visit was conducted on . All Seniors Assisted Living had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure 1 of 2 staff (#A) provided a healthcare provider statement to indicate freedom from . yearly.

Findings:

Personnel record review at approximately 10 AM revealed staff #A was hired on . Further review revealed a freedom from . statement dated . Continued review revealed a freedom from . statement dated for 2014 was not available.

In an interview with the administrator on . at approximately 10 AM, who stated staff A was due for her . test.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on interviews and personnel record review the facility failed to ensure that 1 of 2 sampled staff (A) received the required 3 hour in-service training related to activities of daily living and resident behaviors.

Findings:

Personnel record review on . at approximately 10AM for staff B revealed she was hired on . Continued record review revealed no evidence to confirm she received a minimum 3 hours of in-service training within 30 days of employment regarding: 1. Resident behavior and needs and 2. Providing assistance with the activities of daily living, within 30 days of employment.

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An opportunity was provided to the administrator to locate the documentation, as she was in training.

In interview on at approximately 11:30 AM with the administrator who stated the staff worked at another facility and was supposed to bring a copy of the certificate and did not. She forgot to follow up.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
All Seniors Assisted Living
2706 Pioneer Road
Orlando, FL 32808

RE: LNS monitoring

Dear Administrator:

This letter reports the findings of a state licensure LNS 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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