STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911318	01/07/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Islands Alf (the)	901 North Hiawassee Road Orlando, FL 32818	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:
0000-Initial Comments
Re-licensure survey with Limited Nursing Services (LNS) and Limited Mental Health (LMH) was conducted on . The Islands Assisted Living Facility had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on observations, record review and interview the facility retained 3 of 3 sampled residents (#1, #2 and #8) who were unable to perform the Activities of Daily Living (ADL) and exceeded residency in the Assisted Living Facility with Limited Nursing Services and Limited Mental Health.

Findings:

During the facility entrance on at approximately 9 AM, residents #1, #2, and #8 sat in smaller dining the kitchen. All 3 were . Resident #2 was aphasic and was contracted on the right side.

In an interview on at approximately 9:30 AM with staff B she stated residents #1, #2 and #8 needed total care with ADLs, but all were able to transfer and ambulate. She added that the 7 PM to 7 AM showered, dressed and toileted resident #1 before she went home. She attended to residents #2 and #8 during her shift. She bathed, dressed, and toileted residents #2 and #8.

In an interview on at approximately 11 AM with staff C who stated that residents #1, #2 and #8 she personally bathed, dressed, She toileted resident #1 before the end of her shift and the other staff cared for residents #2 and #8.

Resident record review on at approximately 2:30 PM for resident #1 revealed a health assessment report dated that listed diagnoses of high and assistance was needed with all ADLs.

Resident record review on at approximately 2:30 PM for resident #2 revealed a health assessment report dated that listed diagnoses of

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accident with aphasia, [redacted] and assistance was needed with all ADLs. She required a soft diet.

In an interview on [redacted] at approximately 3:30 PM with the administrator who confirmed that residents #1, #2 and #8 needed total assistance with ADLs.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations the facility failed to ensure the unlicensed staff that assisted 4 of 4 sampled residents (#5, #7, #9 and #10) with self-administration of medications followed the correct procedure.

Findings:

Observations of the medication pass on [redacted] at approximately 12 PM noted, staff D assisted resident #5 with self-administration of medications. The resident sat at the dining table. The staff retrieved the medications from the locked medication cabinet. She poured the medication in a plastic cup and handed the cup to the resident and walked away. She signed the Medication Observation Record (MOR). She returned the medication to the locked medication cart. The staff did not read the prescription label to the resident and did not observe the resident take the medication. The medication was [redacted] 500 milligrams (mg).

Staff D assisted resident #7 with his medications in the same manner. She retrieved the medications from the from the locked medication cabinet. She poured the medications in a plastic cup and handed the cup to the resident and watched him take the medications. She signed the Medication Observation Record (MOR). She returned the medication to the locked medication cart. The staff did not read the prescription labeled to the resident. The medications were [redacted] 5 mg, [redacted] Respirodone 1 mg and Dilvalporex 250 mg.

Staff D continued to assist with self -administration of medications. She assisted resident # 9. She retrieved the medication from the from the locked medication cabinet. She poured the medication in a plastic cup and handed the cup to the resident and walked away. She signed the Medication Observation Record (MOR). She returned the medication to the locked medication cart. The staff did not read the prescription labeled to the resident and did not

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observe the resident take the medication. The medication was | 50 mg.

Staff D continued to assist with self -administration of medications. She assisted resident #10. She retrieved the medication from the from the locked medication cabinet. She poured the medication in a plastic cup and handed the cup to the resident and observed the resident take the medication. She signed the Medication Observation Record (MOR). She returned the medication to the locked medication cart. The staff did not read the prescription labeled to the resident. The medications was | 50 mg

In an interview with the administrator on at approximately 3:30 PM who stated would speak with the staff.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Islands Alf (the)
901 North Hiawassee Road
Orlando, FL 32818

RE: Biennial w/LNS & LMH

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 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
XG90

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