STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967498	**03/17/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SWAN AT LAKE CONWAY ALF	**3714 ST MORITZ STREET ORLANDO, FL 32812**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A re-licensure survey was conducted on . Swan Lake at Conway had deficiencies found at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview the facility failed to take in consideration the accuracy of the on the Health Assessment Form-AHCA 1823 for 1 of 5 sampled residents and retained the resident (#3) who exceeded standard assisted living facility.
Findings:
Resident record review for resident #2 revealed an updated health assessment AHCA form 1823 dated that indicated diagnoses of high and . Continued review revealed the assessment indicated the resident needed total assistance with bathing, dressing, and toileting and required 24 hour nursing supervision.
In an interview with the administrator on at approximately 3:00 PM, who stated the assessment was incorrect as the resident was appropriate and only needed assistance but she had overlooked the assessment.
Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on record review and interview the facility failed to ensure the use of physical restrains was limited to half-bed rails for 3 of 5 sampled residents (#2, #3, and #5) and with a healthcare provider's order.
Findings:
Observations during the facility tour on at approximately 9 AM, noted that the bed of resident #2 had 1/2 bed-rails in place. Continued observations noted the bed of resident #5 had full bed rails as well. The bed of resident #3 had 1/2 bed rails in place.
Resident #2 and #3 were in the common area. They were . Resident #5 was out of the facility.
1. Resident record review for resident #2 revealed a health assessment dated that listed diagnoses of high and . Continued review revealed no evidence to confirm the facility obtained a healthcare provider's order for the use of half-bed rails.
2. Resident record review for resident #3 revealed a health assessment dated that listed diagnoses of and balance problems. Continued review revealed no evidence to confirm the facility obtained a healthcare provider's order for the use of half-bed rails.
3. Resident record review for resident #5 revealed a health assessment dated that listed diagnoses of sleep and . A health care provider's order dated indicated a hospital bed. Continued review revealed no evidence to confirm the facility obtained a healthcare provider's order for the use of half-bed rails
In an interview with the administrator on at approximately 3:30 PM who stated the hospital bed was delivered with the full rails and the orders for the half-bed rails were overlooked.
Class III

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0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on observations, record review and interviews the facility failed to ensure the staff provided a healthcare provider statement that indicate freedom from communicable and that freedom from was documented yearly for 2 of 3 sampled staff (#B & #C).
Findings:
1. Personnel record review for staff # B, the owner since 2008. The review revealed no evidence to confirm the she provided the facility a statement that indicated freedom from communicable including with 30 days of becoming a caregiver. Continued review revealed a test result dated that indicated "history of positive no signs of . There was no evidence to confirm freedom from yearly (due 2014).
Personnel record review for staff # C revealed she was hired . The review revealed no evidence to confirm the she provided the facility a statement that indicated freedom from communicable including with 30 days of becoming a caregiver. Continued review revealed a test result dated that indicated "history of positive no signs of . There was no evidence to confirm freedom from yearly (due 2014).
In an interview with staff #B on at approximately 3 PM, who stated she thought the test was good for 2 years.
Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on interview and record review the facility failed to ensure 1 of 3 sampled staff (# C) received an in-service training regarding the facility's policies and procedures and that the training was documented accurately.
Findings:
Personnel record review for staff # C revealed she was hired 2014. A document dated indicated "The Swan Lake at Conway ALF direct care and all staff, make sure they know rule 58a-5.0186FAC by having 1 hour of training" and the signature of the staff. Continued review revealed no evidence of a certificate that contained the trainer's name, signature and credentials, date of training, the program agenda and all the training subject matter.
In an interview with staff #B on at approximately 3PM, who stated the staff was properly trained but the certificate was not correct.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Swan At Lake Conway Alf
3714 St Moritz Street
Orlando, FL 32812

RE: Biennial relicensure

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. **Please forward documentation of correction to the Field Office.** 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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