STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966600	**05/13/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
TRANSFORMATION ASSISTED LIVING	**1963 CONTINENTAL BLVD ORLANDO, FL 32808**	

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

0000 - Initial Comments

A monitoring visit for Limited Nursing Services (LNS) was conducted on . . . . . Transformation Assisted Living had deficiencies found at the time of the visit.

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

Based on record review and interview the facility failed to ensure freedom of . . . . . was documented yearly for 2 of 5 sampled staff (#C and D).
Findings:
1. Personnel record view revealed staff #C revealed a . . test result dated . . . . . Continued review revealed no evidence to confirm freedom of . . yearly thereafter. (Due and
Personnel record review for staff #D, the administrator revealed a . . test result dated . . . . . Continued review revealed no evidence to confirm freedom of . . yearly thereafter. (Due . . Continued review revealed a Centra Care employee clearance form dated . . . . . that indicated the employee was preliminary cleared for duty, pending laboratory work, ... requirements and DUA and TST . The form was signed by a Registered Nurse and did not indicate freedom from . . .
In a telephone interview with the administrator on . . . . . at approximately 1:30 PM who confirmed the findings.
Class III

0083 - Training - First Aid and . . . . - 58A-5.0191(4) FAC

Based on record review and interview the facility failed to ensure a staff member who had completed courses in First Aid and . . . . and held a currently valid card documenting completion of such courses was in the facility at all times and failed to ensure that First Aid training was provided 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.
Findings:
During the entrance interview staff #C stated she was alone with the residents. Staff #A stopped by briefly, as it was her day off.
Staff schedule review revealed that staff #A was the sole caregiver on . . . . . &, ... She worked 24 hours as a live-in staff.
Staff schedule review revealed that staff #B was the sole caregiver on . . . . . & . . . . . She worked 24 hours as a live-in staff.
Staff schedule review revealed that staff #C was the sole caregiver on . . . . . and . . . . . She worked 24 hours as a live-in staff.
Personnel record review for staff #A revealed she was not a nurse, therefore not exempt from the requirement.
Continued review revealed a First Aid and . . . . training certificate expired . . . . . Continued review revealed the training was done on- line (Internet) by Profirst Aid Basic. The course was not 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.

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

0083 Continued From page 1

Personnel record review staff #B revealed she was not nurse, therefore not exempt from the requirement. Continued review revealed a First Aid certificate that expired on . . . . . Continued review revealed the training was done on- line (Internet) by Profirst Aid Basic. The course was not 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.
Personnel record review staff #C revealed she was not nurse. Continued review revealed a First Aid certificate that expired on . . . . . Continued review revealed the training was done on- line (Internet) by Profirst Aid Basic. The course was not 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.
Personnel record review staff #C revealed she was not nurse. Continued review revealed a First Aid certificate that expired on . . . . . Continued review revealed the training was done on- line (Internet) by Profirst Aid Basic. The course was not 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.
In an interview with staff #C on . . . . . at approximately 10 AM, who stated they all took the First Aide in the computer but went to a class for . . . . .
Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview the facility failed to ensure 1 of 4 unlicensed staff (#B), who assisted residents with self-administration of medications, received a minimum 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.
Findings:
Staff schedule review revealed that staff #B was the sole caregiver on . . . . . and . . . . . She worked 24 hours as a live-in staff.
Personnel record review for staff B revealed she was not a nurse, therefore not exempt from the training. The review revealed a medication training update dated . . . . . Continued review revealed no evidence to confirm she attended/received a 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.
In a telephone interview with the administrator on . . . . . at approximately 1:30 PM who offered no comment.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

Administrator
Transformation Assisted Living
1963 Continental Blvd
Orlando, FL 32808

RE: LNS monitoring

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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