STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966454	**06/10/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
WILLIAMS LOVING CARE	**4213 CHANTELLE ROAD ORLANDO, FL 32808**	

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

0000 - Initial Comments

A Relicensure survey with Limited Nursing Services (LNS) was conducted on . . . . Williams Loving Care Assisted Living had deficiencies found at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure that 1 of 2 sampled resident records had a completed health assessment that addressed all the required criteria (#1).
Findings:
Record review for resident #1 revealed a health assessment report AHCA form 1823 was dated . . . . . Continued review revealed the assessment did not indicate the type of assistance the resident needed with medications. That portion of the form was blank.
In an interview with the administrator designee on . . . . . at approximately 3 PM, she stated would let the administrator know.
Class III

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

Based on record review and interview, the facility failed to obtain a new health assessment when 1 of 2 sampled residents was admitted to hospice care (#2).
Findings:
Observations during the facility tour on . . . . . at approximately 9:15 AM found resident #2 in her . . . . . a hospital bed with full-bed rails. She was . . . . . The staff identified her as under the care of hospice.

Record review for resident #2 revealed she was admitted to hospice on . . . . . The review revealed an AHCA form 1823 health assessment, dated , a date before the resident was placed on hospice care. Another health assessment for a significant change that required admission to hospice was not found in the resident's record.

In an interview with the administrator designee on . . . . at approximately 3 PM, she said she would let the administrator know.

Class III

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

Based on record review and interview, the facility failed to ensure that freedom from . . . . . was documented yearly by a healthcare provider for 1 of 4 sampled staff (#C).

Findings:

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

0078 Continued From page 1

Personnel record review revealed that staff C had a . . test dated . . . . but evidence was not found that yearly testing was done after . . . . . .

On . . . . . at approximately 1 PM, staff C stated her doctor told her she did not need a chest X-ray or . . test. She added she had a doctor's appointment today and would ask the doctor.

A call was received at the facility from staff C. She was at the doctor's office and wanted the Agency representative to explain to her doctor what she needed. The Agency representative explained to the doctor that she was an employee of an assisted living facility and the staff of an assisted living facility needed to provide a freedom from . . form from a healthcare provider yearly. He acknowledged understanding.

In an interview with the administrator designee on . . . . at approximately 3 PM, she stated the staff needed the statement and she would inform the administrator.

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.

Findings:

Staff schedule review revealed that staff C was the sole caregiver on . . . . . .

Staff C's personnel record revealed she was hired . . 2011 and was a 24 hour live-in caregiver. The record contained . . certification expiration date of . . . . . There was no evidence to confirm she had current . . . . certification.

In an interview with the administrator designee on . . . . . at approximately 3 PM, she stated the staff needed to be scheduled for a class and could not work by herself until then.

Class III

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

Based on personnel record review and interview, the facility failed to ensure 2 of 4 sampled staff received training regarding assistance with self-administration of medications in an assisted living facility (B & D).

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WILLIAMS LOVING CARE	**4213 CHANTELLE ROAD ORLANDO, FL 32808**	

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

0084 Continued From page 2

Findings:

1. Personnel record review staff B revealed she was hired 2011 and was a 24 hour live-in caregiver. The certificate for training on administration of medications was dated over three years from her date of hire.

2. Personnel record review staff #D revealed she was hired and was a 24 hour live-in caregiver. Several certificates indicated 2 hours of updated training related to assistance with self-administration of medications. However, there was no evidence to confirm she attended the initial 4 hours of training regarding the provision of assistance with self -administration of medications in an assisted living.

In an interview with the administrator designee on at approximately 3 PM, she stated she would let the administrator know.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observations and interviews, the facility failed to ensure that a 3-day supply of non-perishable food that included water, based on the number of weekly meals the facility had contracted with residents to serve, was on hand at all times.

Findings:

On at approximately 8:45 AM, staff B stated the census was 4 residents. Observations of the emergency food supply at approximately 1 PM noted the facility had on hand (7) 101.4 ounces + 709.8 ounces (equals 5.5 gallons) + (1) 5 gallons bottle = for a total of 10. 5.

Record review for residents #1 and 2 revealed the contract indicated the facility was contracted to provide 3 meals daily. Based on a census of 4 residents, the facility needed 12 gallons of water on hand available at all times (4 residents #1 gallon x 3 days).

In an interview with the administrator designee on at approximately 3 PM, she stated the shopping had to be done and she would let the administrator know.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observations, record review and interview, the facility failed to ensure that 2 of 2 sampled resident records

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

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contained all the required components that included weights (#1 & 2).

Findings:

Observations on [redacted] at approximately 1 PM noted resident #1 received assistance with self-administration of medication from staff B, who was not a nurse.

Record review for resident #1 revealed a health assessment dated [redacted] that indicated he needed assistance with all the activities of daily living and medications. The review revealed a weight taken on [redacted] and he weighed 140 pounds. The review did not reveal any evidence to confirm the weight was taken every 6 months thereafter.

Observations on [redacted] at approximately 9:15 AM noted resident #2 was in her [redacted] a hospital bed with full-bed rails. She was [redacted]. The staff identified her as under the care of hospice.

Record review for resident #2 revealed she was admitted to hospice on [redacted]. The review revealed an AHCA from 1823 dated [redacted]. The review did not reveal any evidence to confirm that her weight was taken every 6 months. as per regulatory requirement. His last documented weight was 117 pounds on [redacted]. The review revealed a healthcare provider's order dated [redacted] for a hospital bed. There was no evidence to confirm the facility obtained a healthcare provider's order for half-bed rails.
In an interview with the administrator designee on [redacted] at approximately 3 PM, she stated she would let the administrator know.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Williams Loving Care
4213 Chantelle Road
Orlando, FL 32808

RE: Relicensure w/LNS

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

Orlando Field Office
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Phone:(407) 420-2502; Fax:(407) 245-0998
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