STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967298	06/16/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
AVALON'S ASSISTED LIVING II	13230 EARLY FROST CIRCLE ORLANDO, FL 32828	

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

0000 - Initial Comments

Complaint Investigation #2015006014 in Conjunction with Complaint Investigation #2015006018 was conducted on . . . . Avalon's Assisted Living Facility II had deficiencies found at the time of the visit. There were also deficiencies cited under ASPEN Event ID #D13H11 pertaining to this complaint.

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 there was a functioning complaint, follow-up and resolution mechanism in place to document and follow up on resident's complaints.

Findings:

During an interview with resident #5 on . . . . at approximately 11:45 AM, she stated she was not receiving all of her mail. She stated the administrator told her that her mail was being returned to the post office without telling her a reason why or trying to assist her with getting her mail that was returned.

Staff A was asked to provide the Grievance Policy and Procedure for receiving and responding to complaints. She was also asked if she was aware of the facility's grievance Policy and Procedure.

During an interview with staff A (caregiver) on . . . . at approximately 1:15 PM, she stated she did not know where the grievance policy and procedure was located. She was asked if a resident made a complaint or had a concern where would the staff document it and the resolution. She stated at the time they would just take care of the concern. She was not aware the complaint and resolution was to be documented.

There was no evidence to confirm if residents had concerns or complaints, the facility administrator would respond or resolve their concerns.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Avalon's Assisted Living Ii
13230 Early Frost Circle
Orlando, FL 32828

RE: CCR #2015006014 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 no later than , 2015.** Staff from this office will conduct a review 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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