STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968137	**08/07/2015**
NAME OF PROVIDER OR SUPPLIER **ANA ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **140 OAXACA LANE KISSIMMEE, FL 34743**	

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

0000 Initial Comments

The re-licensure survey was conducted on / and / . Ana Assisted Living Facility had deficiencies found at the time of the visit.

0008 Admissions - Health Assessment

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:
Resident record review for resident #1 revealed a health assessment report AHCA form 1823 was dated . Continued review revealed the assessment did not address the resident's needs regarding medications. That portion of the form was blank.
In an interview with the administrator on / at approximately 1:30 PM, who stated she overlooked the form.
Class III

0052 Medication - Assistance with Self-Admin

Based on observations and interview the facility failed to ensure the unlicensed staff who assisted 1 of 1 sampled resident (#3) with self-administration of medications followed the correct procedure.
Findings:
Observations during the medication pass on at approximately 8:10 AM noted staff #B retrieved the medications from locked medication cabinet. She poured each medication, one at a time in a cup and signed the MOR. She took the cup to resident #3 who sat at the dining table and said "I have your medications". She gave the cup to the resident and walked away before the resident took all the medications.
In an interview on at approximately 8:30 with the administrator , who stated she was grateful for the clarification on the provision of assistance with self - administration of medications; as she wanted to be sure the staff did the process correct.
Class III

0079 Staffing Standards - Levels

Based on facility record review and interview the facility failed to ensure that a written work schedule which reflected a 24-hour staffing pattern for a given time period was maintained.
Findings:
Review of the staff schedule for the week of to 8/1 and 8/1 to 8/7 revealed the staff schedule was a

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968137	08/07/2015
NAME OF PROVIDER OR SUPPLIER **ANA ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **140 OAXACA LANE** **KISSIMMEE, FL 34743**	

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

calendar that indicated shifts but not the staff names of the staff and what hours they were scheduled to work .

In an interview on at approximately 1:30 PM with the administrator who stated she overlooked the schedule.

Class III

0093 Food Service - Dietary Standards

Based on observations, record review and interview the facility failed to ensure that menus were dated for the week in use.
Findings:
Observations during the facility tour on at approximately 9 AM noted the menu that was posted was week 4 of a 4 week cycle menu.
Continue review of the menus revealed the facility maintained multiple copies of the menus.
In an interview on with the administrator on at approximately 1 PM who stated she did not date the menu in use, she posted the menu and when that week was. She added that any substitutions were made on the actual menu.
Class III

0162 Records - Resident

Based on observations, record review and interview the facility failed to ensure 1 of 2 sampled resident records (#1) contained all the required documentation.
Findings:
Resident record review for resident #1 revealed a health assessment report AHCA form 1823 was dated / / that did not indicate she needed medications administered, that portion of the form was blank.
The review reveled and informed consent regarding assistance with self-administration of medications dated / however the form did not indicate if the staff who provided such assistance would be or not be supervised by a nurse. The form was signed and dated
Personnel record review for staff #A, B and C revealed they were not licensed nurses.
In an interview with the administrator at approximately 2 PM, who stated after reviewing the forms, that the forms were overlooked.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Ana Assisted Living Facility
140 Oaxaca Lane
Kissimmee, FL 34743

RE: 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 attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com