STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965786	08/13/2015
NAME OF PROVIDER OR SUPPLIER **FOUR SEASONS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5080 WAYSIDE DRIVE** **SANFORD, FL 32771**	

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

0000 Initial Comments

The biennial re-licensure survey with Limited Nursing Service was conducted on . Four Seasons Assisted Living Facility had deficiencies found at the time of the visit.

0025 Resident Care - Supervision

Based on observation, record review and interview the facility failed to follow physician orders for medications for 1 of 8 sampled residents (#2) and did not document the healthcare provider and responsible party were notified of significant changes for 1 of 8 sampled residents (#1).

Findings:

1. Observation of the medication pass for resident #2 revealed the resident received assistance with self-administration of medications on at approximately 9:30 AM.

Review of the 2015 Medication Observation Record (MOR) revealed:

Amlopidine (for) 5 mg twice a day was not charted as given at 8 PM on /, 8/2, 8/3, 8/4, 8/6, 8/7, 8/8, and /.
(for) 25 mg 1/2 tab twice a day was not charted as given on , / and /.

Review of the back of the MOR revealed on the family member requested that the resident not get her Amlopidine at night due to her low .

Review of physician "clarification" order dated indicated Amlopidine (for) 5 milligrams (mg) twice a day.

Review of physician order dated indicated (for) 25 mg 1/2 tab twice a day.

The facility was not following physician orders for and Amlopidine.

In an interview with Staff A at 9:45 AM who stated the resident's family requested the evening dose of the medications be held as her was low at night and the family member was checking her .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965786	08/13/2015
NAME OF PROVIDER OR SUPPLIER **FOUR SEASONS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5080 WAYSIDE DRIVE** **SANFORD, FL 32771**	

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

2. Resident record review for #1 revealed an Assisted Living Facility Health Assessment Form (1823) updated that indicated diagnosis of .

Review of facility notes revealed // the resident was admitted to the hospital for . There was no documentation the healthcare provider and responsible party were notified of significant change hospital admission.

In an interview with the caregiver on / at approximately 3 PM who stated it was not documented.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview the facility failed to ensure residents were treated with consideration and respect and due recognition for the need for privacy when conducting the medication pass for 1 of 8 sampled residents (#6).

Findings:

Observation on at approximately 12 PM revealed the unlicensed staff assisted resident #6 with medications at dining at lunch, and asked the resident if she wanted her GasX (for gas) and read the label to resident during lunch with other residents present. The staff did not provide privacy to the resident when assisting with self-administration of medications.

In a phone interview with the administrator on at approximately 4:30 PM who was not aware the staff did not provide privacy when assisting with self-administration of medication.

Class III

0078 Staffing Standards - Staff

Based on review of personnel files and interview the facility failed to ensure 1 of 4 sampled staff (D) had documentation of a negative examination annually.

Findings:

Review of personnel files revealed staff D had a no documentation of annual testing or assessment.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965786	08/13/2015
NAME OF PROVIDER OR SUPPLIER **FOUR SEASONS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5080 WAYSIDE DRIVE** **SANFORD, FL 32771**	

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

In a phone interview the administrator on at approximately 4:30 PM who stated she was not aware staff D needed her annual testing at that time.

Class III

0080 Training - Core & Competency Test

Based on personnel record review and interview the facility failed to ensure the administrator completed 12 hours of continuing education every 2 years.

Findings:

Review of personnel files revealed the administrator completed:
1 hours of continuing education on / for Core Update.

The administrator did not complete 12 hours of continuing education in 2 years and needed 11 additional hours to meet the requirements.

In a phone interview with the administrator on at 4:30 PM who stated she did not complete the required continuing education hours.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview the facility failed to ensure unlicensed staff who assisted with self-administration of medications met the required training requirements for 1 of 4 sampled staff (C).

Findings:

Review of personnel files revealed staff C, who was an unlicensed staff, had 2 hours of medication update training on . There was no documentation to review that indicated the staff had the initial 4 hours of assistance with self-administration of medications in an Assisted Living Facility.

In a phone interview with the administrator, staff C on at approximately 4:30 PM who stated she had the training and was not aware the certificate was not in her employee file.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965786	08/13/2015
NAME OF PROVIDER OR SUPPLIER **FOUR SEASONS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5080 WAYSIDE DRIVE** **SANFORD, FL 32771**	

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

0085 Training - Nutrition & Food Service

Based on review of personnel files and interview the facility failed to ensure the food service designee completed 2 hours of continuing education annually.

Findings:

Review of personnel files for Staff C, the administrator and food service designee revealed there was no documentation to review that indicated she had completed the required 2 hours of continuing education requirements every two years.

In a phone interview on at approximately 4:30 PM with Staff C, the administrator and food service designee, who stated she did not take the required food service continuing education.

Class III

0092 Food Service - General Responsibilities

Based on review of personnel files and interview the facility failed to ensure the food service designee was in compliance with continuing education requirements specified in Rule 58A-5.0191, F.A.C.

Findings:

Review of personnel files for Staff C, the administrator and food service designee revealed there was no documentation to review that indicated she had completed the required 2 hours of continuing education requirements every two years.

In a phone interview on at approximately 4:30 PM with Staff C, the administrator and food service designee, who stated she did not take the required food service continuing education.

Class III

0093 Food Service - Dietary Standards

Based on observation and interview the facility failed to ensure the three day emergency supply of nonperishable milk on hand met the requirements.

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965786	08/13/2015
NAME OF PROVIDER OR SUPPLIER **FOUR SEASONS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5080 WAYSIDE DRIVE** **SANFORD, FL 32771**	

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

Observation on at approximately 1 PM revealed the facility had 10.25 quarts of nonperishable milk on hand. The facility needed milk for 10 residents x 3 cups of milk per day x 3 days = 22.5 quarts on hand. The facility needed an additional 12.25 quarts of milk.

In an interview with the staff A on at approximately 1 PM who was not aware the facility did not have the required amount of nonperishable milk in the emergency food supply.

Class III

0162 Records - Resident

Based on record review and interview the facility failed to ensure physician orders were obtained for the use of side rails for 1 of 8 sampled residents (#2).

Findings:

Observation on at approximately 9:30 AM revealed resident #2 was in bed with the half side rails up. She was unable to raise and lower the rails independently. There was no documentation to review that indicated the facility had obtained an order for the use of the rails.

In a phone interview with the administrator on at approximately 4:30 PM who stated she needed to obtain an order for the use of the rails.

Class III

Z816 Background Screening-Compliance Attestation

Based on review of personnel files and interview the facility failed to ensure they maintained a personnel record contained the required information for 1 of 4 sampled staff (Staff A).

Findings:

Personnel record review for Staff A, caregiver, date of hire / , revealed there was no Level II Background Screening results or a signed Affidavit of Compliance with Background Screening available for review.

Review of the AHCA Background Screening letter dated revealed a resubmission was required

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965786	**08/13/2015**
NAME OF PROVIDER OR SUPPLIER **FOUR SEASONS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5080 WAYSIDE DRIVE SANFORD, FL 32771**	

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

due to a 90 day lapse in employment.
In an phone interview with staff at the Background Screening Unit on at approximately 4:50 PM who stated Staff A was eligible on .
During a phone interview with the administrator on at approximately 4:30 PM, who stated she was not aware the BGS requirements were not in the employee's file.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[illegible], 2015

Administrator
Four Seasons ALF
5080 Wayside Drive
Sanford, FL 32771

RE: Relicensure w/LNS

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [illegible], 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than [illegible], 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 [illegible]-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