

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11966454(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
9/15/2015Name of Facility
WILLIAMS LOVING CAREStreet Address, City, State, Zip Code
4213 CHANTELE ROAD
ORLANDO, FL 32808

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0010 Reg. # 429.26(1&9) FS: 58A-5.018 LSC		ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC		ID Prefix A0083 Reg. # 58A-5.019(4) FAC LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0084 Reg. # 58A-5.019(5) FAC LSC		ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC		ID Prefix Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By
State Agency
Reviewed By
CMS ROReviewed By
Libby for I Deanna
Reviewed ByDate: 9/30/15
Date:of Surveyor:
Signature of Surveyor:Date:
Date:

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/30/2015
FORM APPROVED

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

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

0000 Initial Comments

The revisit for the re-licensure survey was conducted on / / . Williams Loving Care Assisted Living Facility had deficiencies that remained uncorrected.

0008 Admissions - Health Assessment

A 008 Remained Uncorrected

Based on record review and interview the facility did not obtain a complete and accurate medical examination after a significant change for 1 of 2 sampled residents (#2).

Findings:

Record review for Resident #2 revealed that she was admitted to hospice on / / . The Resident Health Assessment 1823 form used by the facility after the significant change was the 2013 form, not the required AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010. The 2013 health assessment form did not have the date that the examination was completed, the printed name of the health care provider, address and telephone number.

During an interview with the Administrator on / / at approximately 12:15 PM, she stated she was not aware that information was left off the form and that is was not the correct form.

Class III

0162 Records - Resident

A162 remained uncorrected

Based on record review and interview, the facility failed to obtains weighs semi-annually for 1 of 2 sampled residents (#2) who required assistance with Activities of Daily Living.

Findings:

Record review for Resident #2 revealed a health assessment form that was completed after the hospice admission, by the hospice health care provider that was not dated revealed she required total assistance with all of her Activities of Daily Livings.
The last weight recorded was in / / .
Review of a Hospice Interdisciplinary Plan of Care Revision/Physician Order dated that noted "Unable to be weighed due to poor Trunk Control."

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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NAME OF PROVIDER OR SUPPLIER WILLIAMS LOVING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 4213 CHANTELE ROAD ORLANDO, FL 32808	

SUMMARY STATEMENT OF DEFICIENCIES
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During an interview with the Administrator on _____ at approximately 12:15 PM, she stated the resident was not weighed, she was told by hospice that the resident did not have to be weighed if she was on hospice and had a health care providers order that she could not be weighed.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 15, 2015

Administrator
Williams Loving Care
4213 Chantelle Road
Orlando, FL 32808

RE: Revisit to Relicensure w/LNS

Dear Administrator:

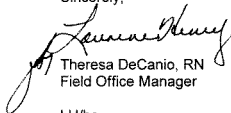
This letter reports the findings of a revisit survey conducted on September 15, 2015, by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than September 15, 2015.**

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. Should you have any questions please call this office at (407) 420-2502.

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



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