STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911279	09/14/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN TREE ASSISTED LIVING, LLC	8207 FOREST CITY ROAD ORLANDO, FL 32810

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

0000 Initial Comments

On a relicensure survey in conjunction with complaint survey (CCR2015008317) was conducted at Ann-way Assisted Living, Inc. had deficiencies found at the time of the visit. Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to ensure that for 1 of 17 sampled residents (#12) had a completed health assessment that addressed all the required criteria.
Findings:
Resident record review for resident #12 revealed a health assessment report AHCA form 1823 was dated / . Continued review revealed the assessment did not address the type of assistance she needed regarding assistance with self-administration of medications. That portion of the form was blank. In an interview with the staff #F (Registered Nurse), on at approximately 5:30 PM who stated the form was overlooked.
Class III

0025 Resident Care - Supervision

Based on observations, interviews and record review the facility failed to ensure it provided care and services appropriate to the needs of 1 of 12 sampled residents (#12) who had unplanned weight loss.
Findings:
In an interview with resident #12 on / / at approximately 10:30 AM, he stated "The food is awful, it keeps getting cheaper and less. Less quality and less quantity. I am , and the facility serves me lighter quantity meals. I would like more." He added he could have more to eat if he asked.
Resident record review for resident #12 revealed a heath assessment report 1823 dated / that listed diagnoses of shakiness of both hands, , high and and a weight of 176 pounds (#). He needed assistance with bathing, dressing, and transferring. Supervision was needed with and toileting. He was assessed to be independent in eating and was wheelchair bound. Continued review revealed a weight log that indicated: / / 209#. There was no evidence the resident's weight was taken every 6 months as required. Continued record review revealed no evidence the facility was aware of the resident's weight loss or that the healthcare provider was contacted. The hospital records revealed the resident was admitted to the hospital on / and discharged on / . He was admitted because of hands were shaking. The final diagnoses was side effect/toxicity.
Observations on / at approximately 3:50 PM, a request was made to take the residents weight. The weight was taken, with the assistance of the nurse and a staff. His weight was 115 pounds. The

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resident stated he lost weight but it was because he was not able to walk on his own and exercise. He had to use the wheelchair because he was unable to walk.
In an interview with the facility nurse, the receptionist and dietary staff on / / at approximately 4:30 PM they stated the resident sometimes requested more food or stated he was hungry later or after scheduled meals and/or after snacks. He was provided a turkey or ham sandwich mostly because he did not like peanut/butter sandwiches or there was not any food leftover from the earlier meals served.
In an interview with the facility nurse on / / at approximately 4:45 PM who stated the resident had been in the hospital and was also seen by the healthcare provider regularly. She added she would like to obtain and provide the progress notes from the last healthcare provider's visit.
A fax was received on at 11:15 AM. The fax included a healthcare provider's progress note dated and the reason for visit was an established patient seen for multiple medical conditions. Vital signs were obtained, but not a weight. The diagnoses listed were high , without complications, , late Accident ( ), , and routine health maintenance. The fax included a notation that indicated that orders were included "So you are aware we have taken action in place regarding his weight loss". An order dated / indicated for laboratory work, x- rays, weekly weight once chair scale arrived and Boost twice daily.
The facility did not have a proactive plan in place to prevent further weight loss when resident #12 had a weight loss of 37 pounds in less than two months that resulted in a total weight loss of 94 pounds in 11 months.
Class III

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to ensure the correct name of the facility was listed on the sign outside and the facility manager had the required documentation in their employee file for 1 of 7 sampled staff (Staff D).

Findings:

1. Observation on / / at approximately 9 AM revealed the facility name on the sign outside of the facility was Green Tree Assisted Living. Review of the AHCA Facility Health Finder.gov website revealed the facility's licensed name was Ann Way Assisted Living.

In an interview with Staff D, the owner/manager on at 3:10 PM who stated she did not want to put the previous facility's name on the sign outside, as they had a negative history. She was told they could use either name for the facility as the name was Green Tree Assisted Living doing business as (DBA) Ann Way Assisted Living.

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2. Review of personnel records for Staff D, manager revealed there was no documentation to review that indicated she had a high school diploma or its equivalency.

In an interview with Staff D on / at approximately 5 PM who stated she was unable to locate her diploma.

Class

0078 Staffing Standards - Staff

Based on review of personnel files and interview the facility failed to ensure staff had a Freedom from Communicable statement within 30 days of hire and annual documentation of freedom from ( ) for 2 of 7 sampled staff (Staff A and E).
Findings:

1. Review of personnel files revealed Staff A, date of hire / and D date of hire, / did not have documentation of freedom from communicable and (due).

In an interview with the Staff F on at approximately 4 PM who stated the staff did not have them.
2. Personnel record review for staff #E revealed she was hired in 2014. The review revealed a test result dated . Continued review revealed no evidence to confirm she provided freedom from yearly (due).
There was no evidence to confirm Staff A and Staff E provided the facility a statement from a healthcare provider to indicate they were free from communicable including .
In an interview with the Staff F on / at approximately 4 PM who stated the staff did not have them.
Class III

0081 Training - Staff In-Service

Based on review of personnel files and interview the facility failed to ensure staff received the required training within 30 days of hire for 1 of 7 sampled staff (Staff B).

Findings:

Review of personnel files revealed Staff B, date of hire , had no documentation to review that indicated she received Resident Rights training within 30 days of hire:

In an interview with Staff D, the owner and Staff F the Registered nurse on at approximately 5

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PM she stated she did not have documentation staff had received the training.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview the facility failed to ensure unlicensed staff who assisted with self-administration of medications met the training requirements for 1 of 7 sampled staff (Staff A).

Findings:
Review of personnel files revealed for unlicensed staff who assisted with self-administration of medication:

Staff A, caregiver, there was no documentation to review that indicated the staff had the 2 hour update of assistance with self-administration of medications in an Assisted Living Facility, due on / / .

In an interview with Staff D, owner and Staff F, Registered Nurse on at approximately 5 PM who stated the staff did not have documentation of the 2 hours of training.

Class III

0091 Trainina - Documentation & Monitorina

Based on review of personnel records and interview the facility failed to ensure training certificates included the required information for 2 of 7 sampled staff (Staff A & B).

Findings:

Review of personnel records revealed the training certificates did include the number or hours of the training for:

Staff A - Activities of Daily Living (ADL) and Resident Needs on / / , training on / , Emergency Preparation and Evacuation on / / , ( ) on and , Neglect and , on / .
Staff B - Control on , ADL and Resident Needs on , training , , Neglect and , and no date or hours.

In an interview with the Staff F, Registered Nurse, on / at approximately 3 PM who stated the

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required information was not on the certificates.

Class III

0093 Food Service - Dietary Standards

Based on record review and interview the facility failed to ensure they had an adequate supply of water for use in an emergency.

Findings:

Review of the menus signed by the dietitian on revealed they were not dated, and there was no documentation to review that indicated they were kept on file for 6 months

Review of the emergency food supply revealed the facility needed water (53 residents x 1 gallon per day x 3 days = 159 gallons). The facility had collapsible containers for water and were waiting for an approval letter from DS America for updating the contract for delivery of water. Renewal for the emergency management plan was submitted on and had not been approved.

In an interview with Staff D, on at approximately 4:50 PM who stated the facility did not have an approved emergency management plan.

Class III

0161 Records - Staff

Based on review of personnel files and interview the facility failed to ensure personnel files contained the required information for 1 of 7 sampled staff (Staff D).

Findings:
Review of personnel files for Staff D, manager, date of hire / , revealed there was no documentation to review that indicated an application was completed upon employment and the staff had a job description.

In an interview with Staff D on / at approximately 4:50 PM who stated she did not have a job description or an application.

Class

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0162 Records - Resident

Based on observations, record review and interview the facility failed to ensure that 3 of 17 sampled residents (#3, #4 & #12) who received assistance with activities of daily living (ADL) had their weights recorded semi-annually and physician orders for diet were obtained for 1 of 17 sampled residents (#5).
Findings:
1. Resident record review for resident #12 revealed a heath assessment report 1823 dated / / that listed diagnoses of shakiness of both hands, , high and ( ) and a weight of 176 pounds. He needed assistance with bathing, dressing, and transferring. Supervision was needed with and toileting. He ate independently. Continued review revealed a weight log that indicated: / 209 pounds (#). There was no evidence the resident's weight was taken every 6 months as required (due).
2. Record review for resident #3 revealed a health assessment report form dated that listed diagnoses . Supervision was needed with bathing and assistance with self-administration of medications. She was independent with ambulation, , transferring and toileting. Continued review revealed a weight log that indicated:
-198# / -190# (more than 6 months from previous weight);
/ - 182#, - 182#. There was no evidence that a weight was taken on 6 months later (due). The next documented weight was / -183#. There were no other weight records available.
3. Record review for resident #4 revealed a health assessment report form dated that listed diagnoses of ( ), and . She was independent with eating and transfers; supervision was needed with dressing and toileting; assistance was needed with bathing, and . Continued review revealed a weight log that indicated: / -130#; / -136# (more than 6 months form previous weight). There was no evidence that a weight was taken on 6 months later (due /). The log had a date of however, there was no weight documented. There were no other weight records available.
In an interview with the manager on at approximately 5:30 PM, who stated that after the change of ownership they have been trying to do the best they can, as the place was a mess and paperwork misplaced.
4. Resident record review revealed and 1823 updated on / / that indicated diagnoses of and . The 1823 list regular/calorie controlled diet. There was no documentation to review that indicated how many calories the resident was to receive daily. In an interview with the Registered Nurse on / at approximately 4 PM who stated she was unable to locate the dietary change order.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

Administrator
Green Tree Assisted Living, LLC
8207 Forest City Road
Orlando, FL 32810

RE: Relicensure

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted] 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 [redacted], 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 [redacted]-2502.

Sincerely,

[redacted] DeCanio, RN
Field Office Manager

LH/be
Enclosure

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