AH Form Approved

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11968137	A. Building B. Wing	10/1/2015

Name of Facility	Street Address, City, State, Zip Code
ANA ASSISTED LIVING FACILITY	140 OAXACA LANE KISSIMMEE, FL 34743

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
ID Prefix A0008 Reg. # 429.26(4-6) FS; 58A-5.0181 LSC	Correction Completed 0008	ID Prefix A0079 Reg. # 58A-5.019(3) FAC LSC	Correction Completed 0079	ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed 0093
ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed 0162	ID Prefix Reg. # LSC	Correction Completed ZZZZ	ID Prefix Reg. # LSC	Correction Completed ZZZZ
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Reviewed By State Agency	Reviewed By LHenry for S. Dicenso	Date: 11/2/15	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968137	R / /

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANA ASSISTED LIVING FACILITY	**140 OAXACA LANE KISSIMMEE, FL 34743**

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

0000 Initial Comments

A follow-up to the biennial survey was conducted at Ana Assisted Living Facility on / / . Ana Assisted Living Facility had deficiencies at the time of the visit.

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 (#2) with self-administration of medications followed the correct procedure.
Findings:
Observations during the medication pass on / / at approximately 8 AM noted that the staff retrieved the medications from the locked medication cabinet. She placed the medications on top of the dining table and walked to the patio where the resident sat. She walked the resident to the dining table. She then walked to the office to get a pen and left the medication basket on top of the dining table. She did not read the label to the resident. She poured the pills in a cup and handed it to the resident. She observed the resident take the medication and then signed the Medication Observation Record.
In a telephone interview on / / at approximately 9:30 with the administrator, who stated she did not know what else do with her staff, but would take care of the issue. She also wanted to know if there was a fine associated with an uncorrected deficiency. She was instructed to call the office.
Class III

0055 Medication - Storage and Disposal

Based on observations and interview the facility failed to ensure medications were kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times, out of sight of all residents.

Findings:
Observations during the medication pass on / / at approximately 8 AM noted the staff retrieved the medications from the locked medication cabinet. She placed the medications on top of the dining table and walked to the patio where the resident sat. She walked the resident to the dining table. She then walked to the office to get a pen and left the medication basket on top of the dining table.
In a telephone interview on / / at approximately 9:30 with the administrator, who stated she did not know what else to do with her staff, but would take care of the issue. She also wanted to know if there was a fine associated with an uncorrected deficiency. She was instructed to call the office.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

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

RE: Revisit to relicensure survey

Dear Administrator:

This letter reports the findings of a revisit survey conducted on [redacted] 1, 2015by 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 [redacted], 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

BBT7

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