STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968706	**11/19/2015**
NAME OF PROVIDER OR SUPPLIER **ENCORE AT AVALON PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **13798 CYGNUS DR ORLANDO, FL 32828**	

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

0000 Initial Comments

An Extended Congregate Care (ECC) monitoring visit was conducted at Encore At Avalon Park on / / . Encore at Avalon Park had deficiencies at the time of the visit.

0078 Staffing Standards - Staff

Based on review of personnel files and interview the facility failed to ensure staff had documentation of Freedom from Communicable and ( ) within 30 days of hire for 1 of 5 sampled staff (E).

Findings:

Review of personnel files for Staff E, date of hire more than 30 days, revealed there was no written statement they were Free from Communicable including signed by the healthcare provider within 30 days of hire.

In an interview with the administrator on / at approximately 4 PM who stated the staff did not have the required documentation.

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 5 sampled staff (A).

Findings:

Review of personnel files revealed the staff A, date of hire / did not receive the Safe Food training within 30 days of hire.

In an interview with the administrator on / at approximately 4 PM she stated she did not have documentation the staff had received the training.

Class III

0082 Training - / /

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968706	11/19/2015
NAME OF PROVIDER OR SUPPLIER **ENCORE AT AVALON PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **13798 CYGNUS DR** **ORLANDO, FL 32828**	

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

Based on review of personnel files and interview the facility failed to ensure staff had the required one-time training course in / for 2 of 5 sampled staff (B & C).

Findings:

Review of personnel files for Staff B, date of hire and Staff C, date of hire , revealed there was no documentation to review that indicated they had received a one-time training course in / within 30 days of employment.

In an interview with the administrator on / at approximately 4 PM who stated the facility did not have documentation the staff had received the training.

Class III

0090 Training -

Based on personnel record review and interview the facility failed to ensure staff had the required training in ( ) within 30 days of hire for 1 of 5 sampled staff (A)).

Findings:

Review of personnel files revealed Staff A, date of hire /, did not have documentation of training in training within 30 days of employment.

In an interview with the administrator on / at approximately 4 PM who stated the staff did not have the required training.

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 5 sampled staff (E).

Findings:

Review of personnel files for Staff E, revealed there was no documentation to review that indicated an application was completed upon employment and the staff had a job description.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968706	**11/19/2015**
NAME OF PROVIDER OR SUPPLIER **ENCORE AT AVALON PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **13798 CYGNUS DR ORLANDO, FL 32828**	

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

In an interview with the administrator on / at approximately 4 PM who stated the staff did not have a job description or an application.

Class

E203 ECC - Staffing Requirements

Based on record review and interview the facility failed to ensure the Registered Nurse conducted the Extended Congregate Care (ECC) nursing assessments for 1 of 1 sampled residents (#1).

Findings:

Resident record review for resident #1 revealed an Assisted Living Facility Health Assessment Form (1823) dated that indicated a diagnosis of

Review of physician order dated indicated continuous at 2 liters per minute.

Review of the monthly nursing assessments dated , and revealed the Licensed Practical Nurse (LPN) conducted the assessment and the Registered Nurse (RN) cosigned the assessment.

In a phone interview with the ECC nurse on / at approximately 1:55 PM who stated her responsibilities were to oversee the ECC services, double check the nursing assessments conducted by the LPN and cosign on them.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_____, 2015

Administrator
Encore At Avalon Park
13798 Cygnus Dr
Orlando, FL 32828

RE: ECC monitoring visit

Dear Administrator:

This letter reports the findings of a state licensure ECC 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 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 _____, 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

XG90

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