STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966707	02/15/2016
NAME OF PROVIDER OR SUPPLIER **IONIE'S ASSISTED LIVING II**	STREET ADDRESS, CITY, STATE, ZIP CODE **3120 HAMMERSMITH ROAD** **ORLANDO, FL 32818**	

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

0000 Initial Comments

A Monitoring visit was conducted on / . Ionies' Assisted Living Facility II had deficiencies found at the time of the visit.

0010 Admissions - Continued Residencv

Based on record review, observations and interview, the facility retained a resident who required Tube feedings and Medication Administration via the Tube and did not obtain a Resident Health Assessment Form (AHCA Form 1823) every 3 years and after a significant change (Hospice Admission) for 1 of 1 sampled Resident (#1).

Findings:

On at 1:30 PM Staff A stated Resident #1 received Hospice Services.
Observations on at 1:30 PM revealed Resident #1 was sitting in a wheelchair in the common area with other residents. She was Alert and did not communicate when spoken to.
Record review for Resident #1 revealed a AHCA form 1823 that was dated / / with diagnosis that included , Dyslipidemia and .
A new AHCA for 1823 form was due / .
Review of the Hospice Record revealed a Hospice Interdisciplinary plan of care that noted Resident #1 was admitted into Hospice Care on / / .
An Interdisciplinary plan of Care revision/physicians orders dated / / noted Ensure via Tube 3-4 Times per day for nutrition. Instruct staff to keep patient upright during and after meals 1-2 hours.
On / a Hospice Nursing Comprehensive Assessment noted Tube intact/patient Ensure Bolus (Three Times Daily). Confined to bed/chair unable to do anything for self. Total Care
On a Hospice Spiritual Updated Comprehensive Assessment noted "fed by tube family only."
a Hospice Nursing Comprehensive Assessment note read Ensure Bolus , occasional pleasure foods
Further Record review revealed there was no AHCA form 1823 completed for the significant change (Hospice Admission).
On at 2 PM, Staff A stated the family would conduct the Tube feedings for Resident #1 and also the administrator and her daughter. She stated she did not give the resident her medications. The administrator or her daughter would give the Resident her medications via the tube.

On / at 2:55 PM with Staff B the Facility's manager, she stated she and her mother the Administrator (non-nurses) would do the Tube feedings for Resident #1, she also stated she would

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crush and flush the medications for Resident #1 via the Tube when the resident could not take them by mouth. She stated the Resident would get Ensure 3 times a day via the Tube for additional Nutrition because she did eat some foods by mouth.
Staff B stated she was not aware Tube feedings and medication administration via the Tube could only be done by Nurses under the ECC license.

Class III

0078 Staffing Standards - Staff

Based on observations, record review and interview the facility staff performed duties that were not consistent with their level of education, training, preparation, and experience in that unlicensed personnel conducted Tube Feedings and Administered Medications via the Tube for 1 of 1 sampled Residents (#1).

Findings:

On / at 1:30 PM Staff A stated Resident #1 received Hospice Services.
Observations on at 1:30 PM revealed Resident #1 was sitting in a wheelchair in the common area with other residents. She was Alert and did not communicate when spoken to.
Record review for Resident #1 revealed a Resident Health Assessment Form 1823 that was dated / / with diagnosis that included , Dyslipidemia and ,,
Review of the Hospice Record revealed an Interdisciplinary plan of care revision/physicians Orders dated / / that noted Ensure via Tube 3-4 Times per day for nutrition. Instruct staff to keep patient upright during and after meals 1-2 hours.
On a Hospice Nursing Comprehensive Assessment noted Tube intact/patient Ensure Bolus (Three Times Daily). Confined to bed/chair unable to do anything for self. Total Care.
On a Hospice Spiritual Updated Comprehensive Assessment noted "fed by tube family only."
/ a Hospice Nursing Comprehensive Assessment note read Ensure Bolus , occasional pleasure foods.
On / / at 2 PM, Staff A stated the family would conduct the Tube feedings for Resident #1 and also the administrator and her daughter. She stated she did not give the Resident her Medications. The administrator or her daughter would give the resident her medications via the tube.
Observations of the Facility's license on / / at 2:15 PM revealed it was a Standard License.
On at 2:55 PM with Staff B the Facility's manager, she stated she and her mother the Administrator (non-nurses) would conduct the Tube feedings for Resident #1, she also stated she would crush and flush the medications for Resident #1 via the Tube when the resident could not

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take them by mouth. She stated the Resident would get Ensure 3 times a day via the Tube for additional Nutrition because she did eat some foods by mouth.
Staff B stated she was not aware Tube feedings and medication administration via the tube could only be done by Nurses under the ECC license.

Class III

Z827 Unlicensed Activity

Based on observations, record review and interview, the facility failed to obtain an Extended Congregate Care (ECC) license before retaining 1 of 1 sampled residents (#1) who required tube feedings.

Findings:

On / / at 1:30 PM Staff A stated Resident #1 received Hospice Services.
Observations on at 1:30 PM revealed Resident #1 was sitting in a wheelchair in the common area with other residents. She was Alert and did not communicate when spoken to.
Record review for Resident #1 revealed a Resident Health Assessment Form 1823 that was dated / / with diagnosis that included , Dyslipidemia and
Review of the Hospice Record revealed an Interdisciplinary plan of care revision/physicians Orders dated / that noted Ensure via Tube 3-4 Times per day for nutrition. Instruct staff to keep patient upright during and after meals 1-2 hours.
On a Hospice Nursing Comprehensive Assessment noted Tube intact/patient Ensure Bolus (Three Times Daily). Confined to bed/chair unable to do anything for self. Total Care.
On a Hospice Spiritual Updated Comprehensive Assessment noted "fed by tube family only."
/ a Hospice Nursing Comprehensive Assessment note read Ensure Bolus , occasional pleasure foods
On at 2 PM, Staff A stated the family would conduct the Tube feedings for Resident #1 and also The administrator and her daughter. She stated she did not give the Resident her Medications. The administrator or her daughter would give the Resident her medications via the tube.
Observations of the Facility's license on at 2:15 PM revealed it was a Standard License.
On / at 2:55 PM with Staff B the Facility's manager, she stated she and her mother the Administrator (non-nurses) would conduct the Tube feedings for Resident #1, she also stated she would crush and flush the medications for Resident #1 via the Tube when the resident could not take them by mouth. She stated the Resident would get Ensure 3 times a day via the Tube for additional Nutrition because she did eat some foods by mouth.

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Staff B stated she was not aware that Tube feeding required an ECC license and only Nurses under the ECC license could conduct the Tube feedings and Administer Medications via the Tube.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Ionie's Assisted Living II
3120 Hammersmith Road
Orlando, FL 32818

RE: Monitoring

Dear Administrator:

This letter reports the findings of a state licensure monitoring survey that was conducted on , 2016 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 , 2016.** 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
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