STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968271	03/30/2016
NAME OF PROVIDER OR SUPPLIER **ANNE'S HOME ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **955 TUSKAWILLA RD** **WINTER SPRINGS, FL 32708**	

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

0000 Initial Comments

Re-licensure survey was conducted on . Anne's Home ALF had deficiencies found at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to ensure a health assessment (AHCA Form 1823) for 1 out of 2 sampled residents had all the required information (#2).

Finding:

Resident #2's record review revealed the most current health assessment, was dated . The health assessment did not have the examiner's address and telephone numbers.

On at 5:00 p.m. the owner stated she was not aware of the missing information.

Class

0054 Medication - Records

Based on record review and interview, the facility failed to ensure the medication observation records (MOR) had all required information for 2 out of 2 sampled residents (R1, R2).

Finding:
Resident#1's record review revealed a health assessment (AHCA 1823) dated / . It indicated that Resident#1 needed assistance with self-administration of medications.

Resident#2's AHCA 1823 dated / indicated the resident needed assistance with self-administration of medication.

A review of Resident#1's and #2's MOR of 2016 revealed neither one had a name of the residents' physician, phone number, strength and directions for use, nor any known .

On at 4:00 p.m. Staff B (care giver) was informed of the missing required information. She stated that she was not aware of the requirement.

Class III

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0056 Medication - Labeling and Orders

Based on observation, record review and interview, the facility failed to follow a physician's order for Resident#2's medication ( ).

Finding:

On at 12:30 p.m. a medication pass observation was conducted for Resident#2. Staff B had properly assisted the resident with self-administration of medication. The medication taken by the resident was 25 milligram (mg) tablet. According to the information found at www.Drugs.com, is used to treat high .

Resident#2's current health assessment, dated listed his diagnoses as , , , , and .

The label on the medication bottle read "Take 1 tablet by mouth 3 times a day". Also there was a black ink written on the bottle read "3 x day". A review of the resident medication observation record (MOR) of 2016 revealed the name of the medication: , , and times written for 8 a.m., 2 p.m. and 8 p.m. The MOR did not have strength and instruction to use for the medication.

A review of Resident#2's record revealed the most current physician prescription for the medication dated . The prescription read "change 25 mg to twice a day."

On at 12:30 p.m. Staff B stated that the resident's family member brought in the medication bottle with the instruction. On at 5:25 p.m. Staff B and the owner were unable to explain the inconsistencies.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to have evidence of negative ( ) examination documented annually for the administrator.

Finding:

A review of the administrator's personnel chart revealed his last negative result was documented on / (due).

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On at 5:00 p.m. the owner confirmed that the administrator did not have an annual statement of negative result.

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to have evidence showing 3 of 4 sampled staff (B, C and D) had received the required in-service training within 30 days of employment.
Finding:

The facility staffing schedule for 2016 revealed Staff B, C, and D were care givers, working 24-hour shifts, alone, alternately. A review of each personnel's chart revealed the following:

1. Staff B, date of hire (DOH) of /, had not received the following in-service training:
Three (3) hours of in-service training in providing assistance with the activities of daily living (ADL) and resident behaviors and needs. There was no evidence showing that Staff B was a nurse or certified nursing assistant (CNA), or a home health aide that would exempt her from the ADL training.
A minimum of 1 hour of control training,
A minimum of 1 hour of elopement response training,
A minimum of 1 hour of emergency preparedness and evacuation training,
A minimum of 1 hour of incident reporting training,
A minimum of 1 hour of resident rights training, and
A minimum of 1 hour of recognizing/reporting , neglect & training.

2. Staff C, DOH /, had not received the following in-service training:
A minimum of 1 hour of elopement response training;
A minimum of 1 hour of emergency preparedness and evacuation training;
A minimum of 1 hour of incident reporting training;
A minimum of 1 hour of recognizing/reporting , neglect & training; and
A minimum of 1 hour of nutritional & safe food handling practices. There was no evidence showing Staff C had taken the assisted living facility core training that would exempt her from this nutritional training.

3. Staff D, DOH , had not received the following in-service training:
Two (2) out of 3 hours of ADL and resident behaviors and needs. Staff D was neither a nurse, nor CNA, nor a home health aide.

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A minimum of 1 hour of incident reporting training;
A minimum of 1 hour of nutritional & safe food handling practices. There was no evidence showing Staff D had taken the assisted living facility core training that would exempt her from this nutritional training.

On at 5:00 p.m. the owner confirmed that Staff B, C and D had not received the above required in-service training.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on observation, record review and interview, the facility failed to ensure 1 of 4 staff had received the required training on providing assistance with self-administered medication and safe medication practices in an assisted living facility. (Staff D)

Findings:

The facility staffing schedule of 2016 revealed Staff D was a care giver, working 24-hour shift alone on Friday, Saturday and Sunday. Staff D's date of hire was . There was no evidence in her personnel file showing she had received the required 4 hours training on providing assistance with self-administered medication and safe medication practices in an ALF.

On at 5:00 p.m. the owner confirmed that Staff D was a care giver who assisted residents with self-administration of medication. The owner further stated she could not locate Staff D's medication training certification.

Class III

0090 Training -

Based on record review and interview, the facility failed to have evidence 3 of 4 sampled staff (B, C and D) had received the required in-service training within 30 days of employment.

Findings:

A review of the facility staffing schedule revealed Staff B and C were care givers, working 24-hour shifts alternately. Staff B's date of hire (DOH) was / . Staff C's DOH / . Staff D's DOH

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A review of each personnel's chart revealed that Staff B, C, and D had not received at least one hour of training in the facility's policy and procedures regarding ( ) within 30 days after employment.

On at 5:00 p.m. the owner confirmed that Staff B, C and D had not received the required training in .

Class III

0093 Food Service - Dietary Standards

Based on observation, record review and interview, the facility failed to ensure its menus had been reviewed annually by a licensed or registered dietitian.

Finding:

The facility menus posted in the kitchen expired / . A review of the facility record revealed its menus had been reviewed by a licensed dietitian on / . It expired .

On at 4:00 p.m. the owner confirmed the menus had expired. She stated that she had not yet received the new menus.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Anne's Home Alf Inc
955 Tuskawilla Rd
Winter Springs, FL 32708

RE: Re-licensure

Dear Administrator:

This letter reports the findings of a state licensure 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

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