STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967329	05/18/2016
NAME OF PROVIDER OR SUPPLIER JOAN'S VILLA ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 5907 INGRAM ROAD APOPKA, FL 32703	

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

0000 Initial Comments

On a biennial re-licensure survey with Limited Nursing Services (LNS) was conducted at Joan's Villa ALF, license # 11375. Joan's Villa ALF had deficiencies at the time of the visit.

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.
Findings:
Observations during the medication pass on at 9:30 AM noted the nurse told the resident "Are you ready for your candy?" Are you ready for your medicine?" She had a tray that had 2 cups with pills inside, and a tube of Clothrimazole 1% were on the tray as well. She handed the cup to the resident and observed him take the pills. She held on to the other cup, that had 1 pill inside. At 9: 50 AM she left the medications on top of table and walked away. The doorbell rang, she left medications on top of table and walked away. She did not have the original prescription container for the medications with her. The nurse started to walk away, the surveyor reminded her not to leave medications unsecured at any given time. She stated she knew.
Class III

0078 Staffing Standards - Staff

Based on personnel record review and interview the facility failed to ensure 1 of 3 personnel records (A) contained a healthcare provider statement that indicated freedom from ( ) yearly and 2. allowed unlicensed staff (B) to perform duties that where not consistent with her level of education, training, preparation, and experience and allowed her to administer to 1 of 2 sampled residents ((1).
Findings:
Personnel record review for staff #A, revealed a healthcare provider statement that indicated freedom from communicable including dated . Continued review revealed no evidence to confirm freedom from for 2016.
Observations on at 10:45 AM noted that staff B turned on the concentrator and put the nasal cannula on resident # 1.
Personnel record review revealed she was not a nurse. Therefore, unable to administer treatments or medications
In an interview on at 1:30 PM with the administrator who said she thought the staff was able to assist with the .
Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967329	05/18/2016
NAME OF PROVIDER OR SUPPLIER JOAN'S VILLA ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 5907 INGRAM ROAD APOPKA, FL 32703	

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

0167 Resident Contracts

Based on resident record review and interview the facility failed to ensure the resident contracts for 2 of 2 sampled resident records (#1 & #2) contained all the necessary requirements.
Findings:
Individual resident record review for residents #1 and #2, revealed the resident contracts did not include a list of the specific cost, services and supplies to be provided by the facility to the residents regarding Limited Nursing Services (LNS).
The contract for resident #2 did not have a provision that indicated in the event the facility intended to put a claim against a refund due to the resident, the facility must provide the claim in writing and provide no less than 14 days to respond to such claim.
During an interview at 1:30 PM on with the administrator who said he thought the contracts had all the required information.
Class

N278 LNS - Records

Based on record review and interview the facility did not make sure that complete nursing progress notes were maintained for 1 resident (#1) in a sample of 2 who received Limited Nursing Services (LNS).
Findings:
During the facility entrance interview on at 9 AM resident #1 was identified as receiving LNS for the application of .
Resident record review for resident #1 revealed a healthcare provider's order dated for the administration of to be used as necessary at 3 liters per minute by nasal cannula. Continued review revealed no evidence to confirm that nurse's progress notes were maintained each time the treatment was provided.
During an interview at 1:30 PM on the administrator said she did not keep nurse's progress notes.
Class III

Z814 Background Screening Clearinghouse

Based on record review and interview the facility did not maintain an employee roster on the Agency's Background Screening Clearing House that listed all the facility employees subject to a background screening.
Findings:
Review of the facility's Background Screening Clearing House roster on revealed the roster included 2 individuals' administrator and a staff (C).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967329	05/18/2016
NAME OF PROVIDER OR SUPPLIER **JOAN'S VILLA ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5907 INGRAM ROAD** **APOPKA, FL 32703**	

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

Observations on at 9 AM noted staff (B) provided care to the residents.
During an interview at 1 PM on the administrator said she did not know too much about the background screening site and staff B was overlooked from the roster.
Unclassified

Z815 Backaround Screenina: Prohibited Offenses

Based on personnel record review and interview the facility failed to ensure 2 of 3 staff (A and B), whom were in a role that required a background screening did not have any disqualifying offenses and allowed them work without the background screening results.
Findings:
Observations on at 9 AM noted staff (B) provided care to the residents.
Personnel record review for staff B revealed a level 1 background screening result dated
Continued review revealed no evidence to confirm the staff had a level 2 background screening done.
The Agency background screening site indicated staff B was eligible as of /
Personnel record review for staff A revealed the background screening result available indicated awaiting privacy policy. The Agency background screening site indicated staff B was eligible as of /
During an interview at 1 PM on / the administrator said she the screening result was not printed, was overlooked. She was not too familiar with the website.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Joan's Villa Alf
5907 Ingram Road
Apopka, FL 32703

RE: Abbreviated re-licensure w/LNS

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

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