STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11965366 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SLOAN HOME OF CENTRAL FL INC	307 S HIAWASSEE RD ORLANDO, FL 32835

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0010 Reg. # 429.26(1&9) FS; 58A-5.0181(4) FAC LSC	Correction Completed	ID Prefix A0052 Reg. # 58A-5.0185 (3) LSC	Correction Completed	ID Prefix A0055 Reg. # 58A-5.0185(6) FAC LSC	Correction Completed
ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed	ID Prefix A0057 Reg. # 58A-5.0185(8) FAC LSC	Correction Completed	ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed
ID Prefix A0083 Reg. # 58A-5.0191(4) FAC LSC	Correction Completed	ID Prefix A0084 Reg. # 58A-5.0191(5) FAC LSC	Correction Completed	ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed
ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	Correction Completed	ID Prefix A0160 Reg. # 58A-5.024(1) FAC LSC	Correction Completed	ID Prefix A0161 Reg. # 429.275(2) FS; 58A-5.024(2) FAC LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE 6/29/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	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
4/11/2016	

EVENT ID: 8DDM12

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965366	R
NAME OF PROVIDER OR SUPPLIER **SLOAN HOME OF CENTRAL FL INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **307 S HIAWASSEE RD** **ORLANDO, FL 32835**	

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

0000 Initial Comments

Revisit to the re-licensure survey was conducted on /2016. Sloan Home of Central FL Inc. (License#9775) had deficiencies found at the time of the visit.

0025 Resident Care - Supervision

DEFICIENCY REMAINED UNCORRECTED
Based on record review and interview, the facility failed to follow physician's order for 'as needed' medication for 1 out of 4 sampled residents (Resident#4).

Findings:

On at 12:35 PM a medication pass observation was conducted for Resident#4. Review of resident #4"s Medication Observation Records (MOR) revealed an as 'as needed' medication was given routinely in the 'AM' and 'PM'. The medication listed on the MOR read /Sennoside 50 mg(milligram)/8.6 mg PO-Tab (by mouth tablet), Take 1 capsule twice daily as needed. The MOR was initialed indicating the medication was given from / to / at 'AM' and 'PM' times.

A review of the prescription revealed: - 50 mg-8.6 mg oral tablet. Directions for use: 1 tab(tablet) orally 2 times a day, as needed,
There was no evidence on the MOR or in the resident's chart showing the resident had requested the medication.
On at 1:35 PM the owner stated the resident had requested the medication, but she did not have any notations to verify her statement.
On at 2:50 PM resident #4 kept saying she got her medication 3 times a day. She could not answer whether she had requested it or not.
Class III

0054 Medication - Records

DEFICIENCY REMAINED UNCORRECTED
Based on record review and interview, the facility failed to accurately maintain medication observation records (MOR) for 1 out of 4 sampled residents (#2).

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	AL11965366	R
NAME OF PROVIDER OR SUPPLIER **SLOAN HOME OF CENTRAL FL INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **307 S HIAWASSEE RD** **ORLANDO, FL 32835**	

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

Findings:

A review of Resident#2's MOR for 2016 revealed blank spaces for the following medications: 2 mg(milligram) PO tab (by mouth, Tablet), take 1 tab po daily for itching. The MOR was not initialed to indicate that the medication was given from / to , at 8:00 AM. 10 mg/15 ml PO SOL(solution) take 30 ML(milliliter) PO daily for . The MOR was left blank from / / to , no frequency noted.
On at 1:00 PM the owner stated the medications must have been discontinued, but she could not provide evidence to verify her statement.
Class III

Z814 Background Screening Clearinghouse

DEFICIENCY REMAINED UNCORRECTED
Based on personnel record review and the Agency's Background Screening (BGS) Website and interview, the facility failed to initiate Criminal history checks through the clearinghouse before employment and failed to report changes within 10 business days.

Findings:

On at 3:55 PM the owner stated Staff A, B and C were working at the facility. Staff D no longer worked there. Staff E was a newly employee, hired on .

A review of the agency's BGS website was conducted with the owner's present on . It revealed the provider's employee roster was blank. There were no employee names listed under the employee roster. The owner who also looked at the website confirmed the above.

Unclassified

Z815 Background Screening: Prohibited Offenses

DEFICIENCY REMAINED UNCORRECTED
Based on personnel record review and interview, the facility failed to ensure that 2 of 4 sampled staff (Staff C and E) were in compliance with the background screening requirement.
Findings:
A review of Staff C's personnel file revealed the facility did not have Level II Background screening

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965366	R
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SUMMARY STATEMENT OF DEFICIENCIES
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results (BGS)in her file. Staff C was hired .
Observation on revealed Staff E was working at the facility as a care giver. She was hired on . Review of Staff E's personnel file revealed the facility did not have Level II BGS results in her file.
A review of the agency's BGS website as of at 3:55 PM revealed for Staff C, it noted "screening in process, finger print rejected 2nd". For Staff E, it noted that she needed a new screening. Her last eligible status was .
On at 3:55 PM the owner confirmed the findings.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sloan Home Of Central Fl Inc
307 S Hiawassee Rd
Orlando, FL 32835

RE: Revisit to re-licensure survey

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 7, 2016, by 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.

All deficiencies shall be corrected no later than , 2016.

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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