STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966707	06/13/2016
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

On a Biennial Re-licensure survey was conducted at Ionie's II Assisted Living Facility License Number 10871. Deficient Practice was identified during the survey.

0026 Resident Care - Social & Leisure Activities

Based on observations and interviews, the facility failed to have evidence of an ongoing activities program for at least 6 days a week for a total of not less than 12 hours per week that provided a diversified individual and group activities in keeping with each resident's needs, abilities, and interests.

Findings:

Observations of the Activities calendar revealed the only activities noted were from 8 AM-9 AM every day Morning Worship. On Tuesday and Thursday from 1 PM-2 PM it noted Jazzercise, On Wednesday and Saturday from 6 PM-7 PM it noted Movie night. There was not a variety of Activities offered at the facility in order to provide diversified individualized group activities that each resident could participate in according to their abilities and interest. Further review of the calendar revealed it only noted 11 hours a week of activities.

During an interview with Resident #4 she said there were no activities offered at the facility. She further stated she would love to play horseshoes.

On / Staff B stated, when the resident was offered to participate in any activities, she declined. A few residents enjoyed the morning worship and that was done daily. She was not aware that resident #4 was interested in Playing Horseshoes.

Class III

0053 Medication - Administration

Based on record review and interviews, the facility failed to ensure medication administration was provided by a licensed nurse for 1 of 2 sampled residents (#2).

Findings:

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Observations on at 9:15 AM, revealed Resident #2 was sitting in a chair. An interview was attempted with the resident. However, she was unable to answer any questions due to her

Record review for Resident #2 revealed she received hospice services. The Resident Health Assessment form 1823 dated / noted a diagnosis of with . The Health Care provider noted the resident needed to have her medications administered.

Review of the MOR for revealed there were initials on the Medication Observation Record (MOR). Some of the initials on the MOR were the first and last initial of the facility's Assistant Administrator who said she was out of town. Those same initials were also documented on the day of the survey. The other initials on the MOR were not legible.
On at 2 PM, Staff B said she had to feed Resident #2 because she was unable to feed herself. She said she also had to be turned in in bed.

On at 3 PM, staff B said she did not give medications to the resident. She said the Administrator and the Assistant Administrator and the resident's family members would give the medications to Resident #2. She said those were the family member's initials on the MOR. She said the initials that were the same as the facility's manager was one of the other family members that came to give the resident her medications.

Review of the back of the MOR revealed there were no names listed in order to determine who gave the medications and their title.

Class III

0078 Staffing Standards - Staff

Based on personnel record review and interview, the facility failed to obtain an annual statement from their health care provider documenting freedom from ( )for 2 of 3 sampled employees (A and) B) and a freedom from and communicable statement for 1 of 3 sampled Staff (C).

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Findings:

Personnel Record review for Staff A revealed the last Freedom for statement was conducted on (due and). Staff B, last Freedom from statement was (due , and). Staff C hired in / did not have any documentation to confirm freedom from communicable including .

On at 3 :30 PM Staff B said the freedom from and Communicable documentation was not in the record

Class III

0080 Training - Core & Competency Test

Based on personnel record review and Interview, the Administrator failed to have evidence that she had participated in 12 hours of continuing education in topics related to Assisted Living every 2 years and had successfully completed the Assisted Living Core Training requirements

Findings:

Personnel Record Review for Staff A; the Administrator/Owner since , revealed there was only 6 hours of continuing education available for review within the last 2 years. Further Personnel record review revealed there was no documentation found in her record to confirm she had successfully completed the Assisted Living Core Training requirements.

On at 3:45 PM, Staff B confirmed the above findings.

Class III

0081 Training - Staff In-Service

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Based on personnel record review and interview the facility failed to have evidence that 1 of 3 sampled staff (C) received the required in-service training within 30 days of hire.

Findings:

During a telephone interview with Staff C on at approximately 12:15 PM, she stated she had worked at the facility since / and provided direct care to the residents.

Personnel record review for Staff C revealed she was hired in / and the following training was not received:
1. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation
2. Resident rights in an assisted living facility and Recognizing and reporting resident , neglect, and
3. Facility's resident elopement response policies and procedures
4. Safe food handling practices
5. Reporting major incidents and Reporting adverse incidents

On at 4 PM Staff B said she made a telephone call to Staff C. Staff C told Staff B she had received some of the training at other facility's.

Class III

0082 Training - /

Based on personnel record review and interview, the facility failed to have evidence that 1 of 3 sampled staff (C) had obtained the required and training within 30 days of employment.

Findings:

During a telephone interview with Staff C on at approximately 12:15 PM, she stated she had

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worked at the facility since / and provided direct care to the residents.

Personnel record review for Staff C revealed she was hired in / and there was no documentation to confirm she had obtained a and training within 30 days of employment.

On at 4 PM Staff B said she made a telephone call to Staff C and Staff C told Staff B she had received the training, but she had not provided the Certificate to the facility.

Class III

0083 Training - First Aid and

Based on personnel record review and interview, the facility failed to have evidence that a staff member who held a currently valid card that documented the completion courses in First Aid was in the facility at all times.

Findings:

Observations on at approximately 9:15 AM, revealed Staff B was working alone with the Residents.

During a telephone interview with Staff C on / at 12:15 PM, she said she worked alone at night with the residents.

Personnel Record review for Staff B revealed her First Aid Expired on / , There was no documentation found in Staff C personnel file to confirm she had completed a First Aid course.

On at 4 PM, Staff B said her first aid had expired.

Class III

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0085 Training - Nutrition & Food Service

Based on personnel records review and interview, Staff D who was responsible for the facility's food service, did not have evidence to confirm a minimum of 2 hours continuing education each year in topics pertinent to nutrition and food service in an ALF.

Findings:

On at 11:15 PM, The Administrator/Owner said Staff D was responsible for the Facility's Food service.

Personnel record review for Staff D revealed there was no documentation to confirm she had received a minimum of 2 hours continuing education each year in topics pertinent to nutrition and food service in an ALF from a certified food manager, licensed dietician, registered dietary technician or health department sanitarians.

On at 3:45 PM, Staff B said she had tried calling the administrator to ask about the above Training for Staff D and she did not answer the telephone.

Class III

0090 Training -

Based on personnel record review and interview the facility failed to ensure a direct care staff who provided care to residents received at last one hour of training in the facility's policies' and procedures regarding included in Rule 58A-5.0186, F.A.C. within 30 days after employment for 1 of 3 sampled staff (Staff C).

Findings:

During a telephone interview with Staff C on at approximately 12:15 PM, she stated she had worked at the facility since / and provided direct care to the residents.

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Personnel record review for Staff C revealed she was hired in / and there was no documentation to confirm she had at last one hour of training in the facility's policies' and procedures regarding included in Rule 58A-5.0186, F.A.C. within 30 days after employment

On at 4 PM Staff B stated Staff C had not received the training from this facility.

Class III

0093 Food Service - Dietary Standards

Based on menu review, observations and interview the facility did not maintain dated menus as served for 6 months, did not obtain an adequate amount of non-perishable diary and vegetables to be used in the event of an emergency for the 5 residents of the facility.

Findings:

Observations on / at 11:30 AM of the menu posted, revealed the date the Registered Dietitian reviewed it was . Staff B was asked why was the menu dated (a future date). Staff B reviewed the menu and said that was the new menu and it should not be posted. She was asked to provide the current menu that was in use. After searching she could not locate the correct menu. Staff B also said she could not locate the last six months of dated menus.
Observations of the emergency food supply on at 2 PM, revealed there was only 168 ounces of non-perishable dairy sources and 360 ounces' were required (24 ounces x 3 days' x 5 residents).
There was only 15.25 ounces of vegetables and 300 ounces were required (20 ounces' x 3 days' x 5 residents).
On at 3 PM, Staff B confirmed there was not enough emergency dairy sources and vegetables.

Class III

0162 Records - Resident

Based on record review and interview, the facility failed to record weights semi-annually for 1 of 2

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sampled residents (#2) who required assistance with Activities of Daily Living, did not obtain a contract at the time of admission or before and an informed consent form for 1 of 2 sampled residents (#1).

Findings:

Record review for Resident #2 revealed the health care provider noted she required Assistance with all Activities of Daily Livings. Further record review revealed there were no weight recorded for 2015.

Record review for Resident #1 revealed he was admitted into the facility on and there was no contract and informed consent form available for review.

On at 11 AM, the Administrator said the Assistant Administrator possibly had the contract and informed consent and it was not in the record.

Class

Z813 Results of Screening & Notification in File

Based on Personnel Record Review and Interview, the facility Failed to have a copy of the Background Screening results in 1 of 3 sampled staff records (C).

Findings:

Personnel record review for Staff C hired in / revealed there were no Level II Background Screening Results available for review. There was no way to determine whether the facility was aware if Staff C was Eligible at the time of hire to provide care to the residents.

Review of the agency's background screening website on / at 3:45 PM revealed results were noted as Eligible on /

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During a Telephone Interview with the Administrator on at 2 PM, she said she was not aware that the results for Staff C were not in the record.

Unclassified

Z814 Background Screening Clearinghouse

Based on the personnel record review, The Agency's Background Screening Website and interview, the facility did not initiate all Criminal history checks through the clearinghouse before employment.

Findings:

Review of the Staff Schedule revealed there were 5 employees listed.
Review of the Agency's Background Screening website on at 1 PM revealed there were no employees listed on the facility's Employee's Roster.

On at 2 PM during a telephone interview, the Administrator/owner said she would let Assistant Administrator know to complete the employee roster.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: Re-licensure survey

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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