STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968706	07/27/2016
NAME OF PROVIDER OR SUPPLIER **ENCORE AT AVALON PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **13798 CYGNUS DR** **ORLANDO, FL 32828**	

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

0000 Initial Comments

A monitoring visit for Extended Congregate Care (ECC) was conducted on . Encore at Avalon Park Assisted Living license #12618, had deficiencies at the time of the visit.

0078 Staffing Standards - Staff

Based on personnel record review and interview, the facility did not ensure 1 of 4 sampled staff (D) had a written statement from a health care provider that documented that she did not have any signs or symptoms of communicable .
Findings include:
Personnel record review for Staff D revealed she began working at the facility on in the capacity of the contracted Extended Congregate Care (ECC) nurse. Continued review revealed chest x-ray results dated that read no evidence of active (.) However, a written statement from a health care provider documenting that she did not have any signs or symptoms of communicable was not available.
During an interview with the Administrator on at 12:45 PM she said she thought Staff D had the statement with her. An opportunity was provided to the Administrator to submit by electronic mail (email) the statement to the Team Coordinator by the end of the business day on .
A written statement for staff D was received by email on . However, the statement was dated , greater than 6 months prior to the start date of employment.
During a telephone interview with the administrator on at 9:45 AM she was made aware that the healthcare provider statement was older than 6 months prior to date of hire.
Class III

0081 Training - Staff In-Service

Based on record review and interview the facility did not to provide or arrange for the mandated in-service training for 1 of 4 sampled facility staff (staff D.)
Findings:
Personnel record review staff D revealed she began working at the facility on in the capacity of the contracted Extended Congregate Care (ECC) nurse. The review revealed no evidence to confirm she received training on the facility's emergency procedures and the facility's resident elopement response policies and procedures.
During an interview with the Administrator on at 12:45 PM, who said staff D did not receive the training.
Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0090 Training -

Based on record review and interview the facility failed to provide 2 of 4 sampled direct care staff (#C and #D) with training in the facility's policy and procedures regarding .
The findings:
Personnel record review staff C revealed she was hired on / in the capacity of a Certified Nursing Assistance (CNA). Review of staff schedules for the weeks of and indicated staff member #C worked the 11 PM-7 AM shift. The review revealed no evidence to confirm she received training on the facility's policy and procedures regarding .
Personnel record review staff D revealed she began working at the facility on in the capacity of the contracted Extended Congregate Care (ECC) nurse. The review revealed no evidence to confirm she received training on the facility's policy and procedures regarding .
During an interview with the Administrator on at 12:45 PM, she stated staff C and did not receive the training.
Class III

E206 ECC - Service Plans

Based on observations, record review and interview the facility did make sure the Extended Congregate Care (ECC) plan for 1 of 3 sampled residents (2) was be developed and agreed upon by the resident or the resident's representative or designee, surrogate, guardian, or attorney-in-fact, and must reflect the responsibility and right of the resident to consider options and assume risks when making choices pertaining to the resident's service needs and preferences.

Findings:
During the entrance interview on at 9:15 AM, the Assistant Director of Nursing (ADON) identified resident #2 as receiving ECC services. Resident #2 had application and removal of compression stockings.
The ADON provided an ECC binder/log. The binder contained service plans and monthly nursing assessments. In the left side pocket of the binder there were some documents that had a paperclip that held a note. The note indicated "to be signed".
Review of the binder revealed an ECC service plan dated and was signed by the facility staff.
Continued review revealed no evidence that the service plan was discussed with the resident's representative or designee.
During an interview at 1:10 PM on the resident's wife stated no one had discussed a service plan with her.
During an interview with the Administrator on at 1:30 PM, she confirmed the findings.
Class III

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

E207 ECC - Services

Based on resident record review and interview the facility did not make ensure nursing services conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community for 3 of 3 sampled residents (#1, #2 and #3), who received Extended Congregate Care.

Findings:

During the entrance interview on at 9:15 AM, the Assistant Director of Nursing (ADON) identified residents #1 and #2 as receiving ECC services. The resident received total assistance with Activities of Daily Living (ADLS). Resident #2 had application and removal of compression stockings.

The ADON provided an ECC binder/log. The binder contained service plans and monthly nursing assessments. In the left side pocket of the binder there were some documents that were paperclip with a note attached. The note indicated "to be signed".

Review of the binder revealed a facility monthly nursing assessment form for residents 1 and 2. The monthly nursing assessment for resident #1 was . The monthly nursing assessment for resident #2 was dated . The monthly nursing assessments did not contain the signature and the credential of the individual(s) who completed the assessment. A monthly nursing assessment for resident #2 was dated / and was signed by the LPN, the RN co-signed the assessment

Continued review of the ECC binder revealed a nursing assessment for resident #3 dated and did not contain the signature and the credential of the individual who completed the assessment.

During an interview with the Administrator on at 11:45 AM she said that since 2016 a Licensed Practical Nurse (LPN) filled out the assessment forms and the contracted ECC nurse visited the facility to sign the assessments. Resident #3 was no longer a resident. Resident #3was discharged since / /.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Encore At Avalon Park
13798 Cygnus Dr
Orlando, FL 32828

RE: ECC 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 13, 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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