STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964828	R
NAME OF PROVIDER OR SUPPLIER **IONIE'S ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3447 ALISSA COURT** **ORLANDO, FL 32808**	

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

0000 Initial Comments

A follow up visit to a biennial survey was conducted at Ionie's Assisted Living Facility License Number 9336 on . Ionie's Assisted Living Facility had deficiencies at the of the visit.

0078 Staffing Standards - Staff

A 078 remained uncorrected
Based on observations, personnel record review and interview, the facility failed to obtain for staff (B) a statement from her health care provider documenting freedom from communicable

Findings:

Personnel Record for Staff B hired in 2013 revealed there was no documentation to confirm she had obtained a statement from her Health Care Provider Documenting Freedom from Communicable

On at 10 AM, the administrator said she could not locate the freedom from communicable statement for staff B.

Class III

0083 Training - First Aid and

A 083 remained uncorrected
Based on observation, personnel record review and interview, the facility failed to have evidence that a staff member (C) who held a currently valid card that documented the completion courses in First Aid and was in the facility at all times.

Findings:

Review of the Staff Schedule for revealed staff C worked alone on Saturday's from 8 AM to 8 PM.

Personnel record review for staff C revealed her first aid and cards expired on .

On at 10:30 AM, the administrator said she did not have the current and First Aid cards for staff C.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964828	R
NAME OF PROVIDER OR SUPPLIER **IONIE'S ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3447 ALISSA COURT** **ORLANDO, FL 32808**	

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

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

A 084 remained uncorrected
Based on personnel record review and interview the facility had no evidence to confirm that 1 of 4 sampled unlicensed staff (B), who provided assistance with the resident's medications received the annual 2 hours of continuing education on providing assistance with self-administered medications and safe medication practices in an ALF from a Registered Nurse (RN) or Pharmacist.

Findings:

Personnel record review for staff B revealed there was a certificate for 2 hours that noted "assistance with self-administered medications." Further review of the certificate revealed there was no way to determine the credentials/title for the person that provided the training because the individual did not write the credentials on the certificate.

On / at 10 AM, Staff B said the individual that provided the training was a nurse, she did not know if she was a Licensed Practical Nurse (LPN) or RN.

On at 10:15 AM, a review of the Florida Department of Health's Practitioners License website revealed there was a person listed with the same name as the individual listed on the certificate that was an LPN and Certified Nursing Assistant (CNA).

On / at 10:45 AM, the administrator said staff B provided her the certificate and she did not know the credentials of the trainer.

Class III

Z814 Backaround Screenina Clearinahouse

AZ814 remained uncorrected
Based on the personnel record review, the agency's background screening website and interview, the facility did not add all of the employees to their employee roster.

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964828	R
NAME OF PROVIDER OR SUPPLIER **IONIE'S ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3447 ALISSA COURT** **ORLANDO, FL 32808**	

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

Review of the 2016 staff schedule revealed Staff D was listed as an employee.

Review of the Agency's Background Screening website on at 10 AM revealed staff D was no listed on the facility's Employee ' s Roster.

On / at 10:15 AM the administrator confirmed the findings.

Unclassified

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11964828 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
IONIE'S ASSISTED LIVING	3447 ALISSA COURT ORLANDO, FL 32808

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 A0008 Reg. # 429.26(4-6) FS; 58A-5.0181(2) FAC LSC	Correction Completed	ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28(1-2) FS LSC	Correction Completed	ID Prefix A0077 Reg. # 429.176 FS, 58A-5.019(1) FAC LSC	Correction Completed
ID Prefix A0079 Reg. # 58A-5.019(3) FAC LSC	Correction Completed	ID Prefix A0080 Reg. # 429.52(1-2) FS; 58A-5.0191(1) FAC LSC	Correction Completed	ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed
ID Prefix A0082 Reg. # 58A-5.0191(3) FAC LSC	Correction Completed	ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed	ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed
ID Prefix AZ815 Reg. # 408.809, 435.02(2), 435.06 LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # 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 8/12/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 6/28/2016

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Ionie's Assisted Living
3447 Alissa Court
Orlando, FL 32808

RE: Revisit to re-licensure survey

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 29, 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

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