STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967498	R
NAME OF PROVIDER OR SUPPLIER **SWAN AT LAKE CONWAY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3714 ST MORITZ STREET** **ORLANDO, FL 32812**	

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

0000 Initial Comments

A Follow up revisit was conducted on . Swan at Lake Conway Assisted Living Facility (License# 11542) had four (4) remained uncorrected deficiencies at the time of the visit.

0008 Admissions - Health Assessment

A0008 Remained Uncorrected
Based on resident record review and interview, the facility failed to ensure the Health Assessment form 1823 was completed and had all the required information for 1 of 3 sampled residents (#8),

Findings:

Record review for resident #8 revealed a new admission AHCA Form 1823 was not dated by the licensed healthcare provider or physician.

An interview on at 10 AM with the owner & caregiver who confirmed the AHCA form 1823 for resident #8 was not dated by the licensed healthcare provider or physician.

Class III

0081 Training - Staff In-Service

A0081 Remained Uncorrected
Based on personnel record review and interview, the facility failed to have evidence or documentation that 1 of 2 sampled direct care staff attended the mandated in-service trainings required within 30 days of employment (B).

Findings:

Staff B's (date of hire) personnel record review revealed no documentation or no evidence the following in-service trainings:

1. reporting major incidents training
2. reporting adverse incidents training
3. emergency procedures including chain-of-command and staff roles relating to emergency evacuation training
4. nutritional & safe food handling training

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967498	R
NAME OF PROVIDER OR SUPPLIER **SWAN AT LAKE CONWAY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3714 ST MORITZ STREET** **ORLANDO, FL 32812**	

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

5. resident's rights training
6. control training
7. Activities of Daily Living (ADLs) and behavioral needs training
8. elopement response training and the;
9. 3-hours in-service training recognizing and reporting , neglect, and

During an interview on at 10 AM with the owner & caregiver who confirmed the employee did not have the above training.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

A0084 Remained Uncorrected
Based on personnel record review and interview, the facility failed to ensure that 1 of 2 sampled staff (A) had documentation or evidence the annual 2-hour continued education in assistance with self-administered medications and medication management training requirement was met.

Findings:

Staff A's personnel record revealed no documentation or evidence the annual 2-hours continuing education was completed for year 2015. Staff A is the owner & caregiver at the assisted living facility.

An interview on at 10 AM with owner & caregiver stated that she thought she had completed the 2-hour annual medication training. She confirmed that this was overlooked.

Class III

0090 Training -

A0090 Remained Uncorrected
Based on personnel record review and interview, the facility failed to provide 2 of 2 sampled staff (A & B) training in facility's policy & procedures of the ( ) training within 30 days after employment.

Findings:

Staff A's personnel record review revealed no documentation or evidence that the training was

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967498	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SWAN AT LAKE CONWAY ALF	**3714 ST MORITZ STREET ORLANDO, FL 32812**

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

completed. Staff A is the owner & caregiver for the assisted living facility.

Staff B's personnel record review revealed no documentation or no evidence that the training was completed. Date of hire .

During an interview on at 10 AM with the owner & caregiver who offered no comment.

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11967498 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SWAN AT LAKE CONWAY ALF	3714 ST MORITZ STREET ORLANDO, FL 32812

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 A0025	Correction	ID Prefix A0053	Correction	ID Prefix A0055	Correction
Reg. # 429.26(7) FS; 58A-5.0182(1) FAC	Completed	Reg. # 58A-5.0185(4) FAC	Completed	Reg. # 58A-5.0185(6) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0077	Correction	ID Prefix A0078	Correction	ID Prefix A0079	Correction
Reg. # 429.176 FS; 58A-5.019(1) FAC	Completed	Reg. # 58A-5.019(2) FAC	Completed	Reg. # 58A-5.019(3) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0093	Correction	ID Prefix A0152	Correction	ID Prefix A0160	Correction
Reg. # 58A-5.020(2) FAC	Completed	Reg. # 58A-5.023(3) FAC	Completed	Reg. # 58A-5.024(1) FAC	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE 11/2/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 8/5/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

. . . . . ., 2016

Administrator
Swan At Lake Conway Alf
3714 St Moritz Street
Orlando, FL 32812

RE: Revisit to #2016005909

Dear Administrator:

This letter reports the findings of a complaint investigation revisit survey conducted on 25, 2016by 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.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **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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