STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966840	01/03/2017
NAME OF PROVIDER OR SUPPLIER **ENGLISH ESTATES ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1340 OXFORD RD** **MAITLAND, FL 32751**	

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

0000 - Initial Comments

The re-licensure survey was conducted on / / at English Estates ALF, License#10968. There were deficiencies found at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based record review and interview, the facility failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience and allowed two unlicensed staff (B & C) to administer to 1 of 6 sampled residents (#6).

Findings:

On / at 9:30 a.m. pens were observed in a locked box in a refrigerator. The label showed resident #6's name on the pen. Staff B stated resident #6 was out with family during the holidays. He further stated resident #6 was able to administer by herself.

A review of resident #6's Medication Observation Records (MOR) for 2016 revealed the following medications: 100 units ' /milliliter vial, inject 6 units 3 times a day before meals; Lantus Solo star 100 units/milliliter, inject 10 units every morning for . The MOR revealed, both unlicensed staff B and staff C had alternately put their initials by the medications as if the medications were administered by them, from / / to .

On / at 12:30 p.m., both staff stated they only handed the pens to the resident and the resident was able to inject it herself. At 3:35 p.m. the administrator stated that the resident did not need assistance with medications. She stated staff B and staff C initialed the MOR to ensure the resident had taken the .

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility failed to ensure resident contracts had all required information for 2 out of 2 sampled residents (#1 and #6).

Findings:

A review of resident #1's contract dated and resident #6's contract dated / revealed

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that both contracts only have a statement that residents must be assessed upon admission as required by 58A-5.0181(2), Florida Administrative Code. They did not have a provision that residents must be assessed every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule.

On / at 3:30 p.m. the administrator confirmed the findings.

Class

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
English Estates Alf
1340 Oxford Rd
Maitland, FL 32751

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2017 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 , 2017.** 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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

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