STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968137	**08/09/2017**
NAME OF PROVIDER OR SUPPLIER **ANA ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **140 OAXACA LANE** **KISSIMMEE, FL 34743**	

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

0000 - Initial Comments

The re-licensure survey conducted on . Ana Assisted Living Facility license #12066 had deficiencies at the time of the visit.

0090 - Training - - 58A-5.0191(11) FAC

Based on personnel record review and interview the facility failed to ensure 1 of 3 sampled staff (#A) who provided care to residents, received at last one hour of training in the facility's policies' and procedures regarding ( ).

Findings:

In an interview on at 12:15 PM with staff #A, who stated when asked if she knew what the initials " " ( ) meant; she replied, "I do not know".

Personnel record review for staff # A hired revealed an in-service training certificate dated that indicated she received 1 hour of training in the facility's policies and procedures regarding .

In an interview with the administrator on /2-17 at 3 PM, who stated the staff had been trained, maybe she got nervous.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review, observations and interview the facility failed to ensure that 1 of 2 sampled resident records (#4) contained a weight record initiated upon admission.

Findings:

Resident record review for resident #4 revealed a health assessment report form 1823 dated that indicated diagnoses of high , , , , , and left sided , , . The health assessment did not indicate the resident's weight at the time of the assessment. Continued review revealed that a weight record initiated on admission was not available.

In an interview with the administrator on at 3 PM who stated the resident ambulated with a walker and was unable to stand in the scale. She needed to arrange to have her weight taken.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview the facility failed to ensure the resident contracts had all required information for 2 of 2 resident contracts reviewed (# 4 and #6).

Findings:

Resident record review for resident #4 revealed a contract dated .
Resident record review for resident #6 revealed a contract dated .

The review revealed the contracts did not contain the following required information:

1. The contract must include a refund policy to be implemented at the time of a resident's transfer, discharge, or .

The refund policy must provide that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date after all charges, including the cost of damages to the residential unit resulting from circumstances other than normal use, have been paid to the licensee. For the purpose of this paragraph, the termination date shall be the date the unit is vacated by the resident and cleared of all personal belongings.

2. If after a contract was terminated, and the facility intended to make a claim against a refund due the resident, the facility must notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond. The facility shall provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or of the resident.

3. That a resident was not be required to provide the licensee with more than 30 days' notice of termination (move out).

4. That the facility must give 45-day notice of termination.

In an interview with the administrator on at 2 PM who stated the information was over looked.

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

Class III