STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943128	**08/28/2017**
NAME OF PROVIDER OR SUPPLIER **ST MARY'S HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **718 W. WINTER PARK STREET** **ORLANDO, FL 32804**	

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

0000 - Initial Comments

A Complaint Investigation #2017008650 was conducted in conjunction with complaint#2017009807 on , , and .

St. Mary's Home with Limited Mental Health (LMH), License# 4860 had deficiencies related to #2017008650 at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on resident record review and interview, the facility failed to have an accurately completed AHCA form 1823 Health Assessment for 2 of 4 sampled residents (#3 & #4) pursuant to 429.26 (4-6), Florida Statutes & 58A-5.0181(2) Florida Administrative Codes.

Findings:

1. Resident #3's record review revealed page 2 of the 1823 Health Assessment dated was missing and not marked what type of assistance was required for Activities of Daily Living (ADLs).

2. Resident #4's record review revealed page 1 of the 1823 Health Assessment dated did not list medical history or diagnosis but read, "see prescriptions in packet".

On at 10 AM, an interview with the Administrator who confirmed the findings for both residents.

Class III