STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966600	**10/23/2017**
NAME OF PROVIDER OR SUPPLIER **TRANSFORMATION ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1963 CONTINENTAL BLVD** **ORLANDO, FL 32808**	

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

0000 - Initial Comments

The re-licensure survey with Limited Nursing Services was conducted on . Transformation Assisted Living license #10774 had deficiencies at the time of the visit .

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

Based on record review and interview the facility failed to ensure that 1 of 2 sampled resident records (#3) contained a completed health assessment that addressed all the required criteria.

Findings:

Resident record review for resident #3 revealed a health assessment AHCA form 1823 that was not dated. Continued review revealed the assessment did not indicate if the resident needed assistance or not with self-administration of medications. That portion of the form was blank.

In an interview with the administrator on at 2:30 PM, who stated the information on the assessments was overlooked.

Class III

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview the facility failed to take in consideration the accuracy of the on the Health Assessment Form-AHCA 1823 for 1 of 2 sampled residents and retained the resident (#1) who exceeded standard assisted living facility.

Findings:

Resident record review for resident #1 revealed an updated health assessment AHCA form 1823 dated that indicated diagnoses that included , high , and . Continued review revealed the assessment indicated he needed total assistance with bathing. The assessment did not contain the name and address of the healthcare provider who completed the assessment form.

In an interview with the administrator on at 2:30 PM, who stated the assessment was incorrect as the resident was appropriate and only needed assistance but she had overlooked the assessment.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility failed to maintain a written record, updated as needed, of any significant changes, contacting the resident's health care provider when the resident exhibited a significant change (weight loss) for 1 of 2 sampled residents (#1) .

Findings:

Resident record review for resident #1 revealed an updated health assessment AHCA form 1823 dated that indicated diagnoses that included , high , and . Continued review revealed the assessment indicated he needed total assistance with bathing. The assessment did not contain the name and address of the healthcare provider who completed the assessment form.

The resident weight log indicated the following weights:

=182 pounds the next weight was due but was done = 175 pounds. On = 170 pounds and on = 170 pounds.

The resident lost 12 pounds from to . The review revealed no evidence to confirm the resident's health care provider was made aware of the resident's unplanned weight loss, nor was there a health care provider's order for a reduction in caloric intake diet.

In an interview with the administrator on at 2:30 PM, who said the resident's healthcare provider was aware of the weight loss and then added she needed to call the doctor about the resident's weight.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observations, record reviews, and interview the facility failed to ensure the unlicensed staff who provided assistance with self-administration of medications followed the correct procedure for 1 of 1 medication passes (#3).

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **TRANSFORMATION ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1963 CONTINENTAL BLVD** **ORLANDO, FL 32808**	

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

Observations of the medication pass on at 8 PM noted that staff A reviewed the Medication Observation Record (MOR), retrieved the 3 medications due to resident from the cart. She put the medications in a cup and handed the cup to the resident. She observed him take the medications and the signed the MOR and secured the medications. She did not read the label aloud to the resident. In an interview after the medication pass, the staff did not give an answer as to why she did not read the label aloud to the resident.

Class III

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

Based on record review and interview the facility failed to ensure that 1 of 2 sampled resident records (#3) contained a weight record.

Findings:

Resident record review for resident #3 revealed a health assessment form 1823 not dated that indicated diagnoses , and high . The health assessment indicated he needed assistance with bathing and . He was admitted to the facility on . The health assessment indicated a weight of 233.4. On , his weight was 230 pounds. There was no evidence to confirm the resident had his weight taken every 6 months thereafter (due on and). Facility notes dated indicated unable to weigh as resident unable to bend knees to stand on scale and on unable to bend knees to stand on scale.

In an interview with the administrator on at 2:30 PM who stated the resident ambulated with a walker and was unable to stand on the scale.

Class III