STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943128	R **11/09/2017**
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 revisit to complaint investigation #2017008650 was conducted on . St. Mary's Home, license #4860, had deficiency 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 ensure a Health Assessment (AHCA form 1823) that was completed and signed by a licensed health care provider for 3 of 3 sampled residents (#2, #3, #4)

Findings:

1. Review of the Health Assessment (1823) for resident #2 revealed it was dated , upon her discharge from the hospital. The form did not indicate if she required 24 hr. nursing or , , care. This was left blank.

2. Review of the 1823 for resident #3 revealed Page 1 had been corrected, but there was no documentation as to when the correction was made or by whom.

3. Review of the 1823 for resident #4 revealed only pages 1 & 2 were available. There was no indication as to when the correction was made or by whom.

In an interview with the administrator on at 10:45AM, he confirmed those were the only pages he had for the correction. He stated he did not know resident #2's new 1823 was incomplete.

Class III