STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968271	**04/12/2018**
NAME OF PROVIDER OR SUPPLIER **ANNE'S HOME ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **955 TUSKAWILLA RD** **WINTER SPRINGS, FL 32708**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . . . . . Anne's Home ALF Inc, license #12189, had deficiencies at the time of the visit.

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

Based on observation, resident record review and interview, the facility failed to ensure the Health Assessment (AHCA form 1823) was accurate and updated every 3 years for 2 of 2 sampled residents (#2, #3).

Findings:

1. Review of the record for resident # 2 (admitted) revealed an 1823 dated which documented 1)"she wanders," 2) needed medication administration and 3) required a mechanical soft diet. There was no photo ID in the record as required for a resident who is an elopement risk.

Observation on of resident #2 during a medication pass at 8:00 AM found she was able to pick up the cup containing her pills, put them in her mouth and swallow them all with her juice. She had no issues with her medications. Observation of the resident at lunchtime revealed she was given a sandwich, salad and sliced peaches, which she ate without assistance. She did not have any trouble eating or using utensils.

On at 11:00 AM, the facility manager stated resident #2 wanders around the house, but is never exit seeking and is quite content. She also stated the resident has no trouble putting her medications in her mouth and swallowing them. She further stated the resident and her son never indicated any issues with eating or needing a special diet. The manager stated she was unaware the 1823 documented these concerns.

2. Review of the record for resident #3 (admitted) revealed an 1823 dated . There was an admission 1823 dated . No health assessment within the past 3 years was found in the record.

On at 11:00 AM, the facility manager confirmed she did not have a more recent 1823 and stated she did not realize it had been over 3 years since resident #3 had a health assessment.

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

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

Based on resident record review and interview, the facility failed to ensure that notification of a resident's healthcare provider and family was documented for significant changes in a resident's status for 1 of 2 sampled residents (#2).

Findings:

Review of the record for resident # 2 (admitted) revealed documentation of in the observation notes on and . Additional documentation noted and x-ray on and ankle observed on . There was no documentation that the resident's healthcare provider or family was notified for these occurrences.

On at 12:30 PM, the facility manager stated that the family and their house physician is always called and they were in contact with both throughout these events. She confirmed there was no documentation to show they had notified appropriate persons in the notes.

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on personnel record review and interview, the administrator failed to participate in 12 hours of continuing education in topics related to assisted living every 2 years as provided under Section 429.52, F.S.

Findings:

Review of the personnel record for the administrator (staff #C), hired , found CORE training and exam were completed in 2012. The last continuing education hours were dated . There was no evidence of continuing education in the past 24 months.

On at 12:30 PM, the house manager/owner confirmed the findings.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on personnel record review and interview, the facility failed to ensure that direct care staff had a minimum of 1-hour in staff in-service training within 30 days of employment for 1 of 3 sampled staff (#B).

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NAME OF PROVIDER OR SUPPLIER **ANNE'S HOME ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **955 TUSKAWILLA RD** **WINTER SPRINGS, FL 32708**	

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

Findings:

Review of the personnel record for Staff #B, owner and caregiver did not reveal any certificates documenting in-service training in the following subjects: 1) the facility's elopement policy and response, 2) facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

In an interview on at 1:00 PM with Staff B, she confirmed she had not had the training specific to the facility.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on personnel record review and interview, the facility failed to ensure all training certificates contained all required documentation for 1 of 3 sampled staff. (#A)

Findings:

Personnel record review for staff A, caregiver hired in 2017, revealed a certificate for training in / . However, the certificate did not contain the date of the training, as required.

On at 12:00 PM, the facility manager confirmed the findings.

Class