STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968271	R 06/05/2018
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

A revisit to the re-licensure survey was conducted on , 2018. Anne's Home Assisted Living Facility, license #12189, had a deficiency at the time of the revisit.

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

Based on record reviews and interviews, the facility failed to ensure a health assessment form 1823 for 2 of 3 sampled residents (#2 and #4) was complete and accurate.

Findings:

1. Observations made of resident #2 on at 12:50 pm revealed she was sitting at the dining with a plate in front of her that contained remnants of food.

Resident #2's record revealed a facility admission date of . A health assessment form 1823, dated , indicated that her diet was "other" and "n/a" and section three of the form was incomplete.

On at 1:15 pm, caregiver D said resident #2 ate food and was one of the facility's best eaters.

On at 1:23 pm, the facility owner said resident #2 ate regular consistency food and the health assessment form 1823 that was dated on was incorrect

2. Resident #4's record revealed a facility admission date of . The record contained a health assessment form 1823 that was dated on . The question on the form that pertained to whether the resident required assistance with medications was not answered and section three of the form was incomplete.

On at 1:35 pm, the facility owner confirmed the findings.

Class III