STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965366	**04/12/2018**
NAME OF PROVIDER OR SUPPLIER **SLOAN HOME OF CENTRAL FL INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **307 S HIAWASSEE RD** **ORLANDO, FL 32835**	

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

0000 - Initial Comments

A re-licensure survey was conducted on . Sloan Home of Central Florida Inc. Assisted Living Facility (License #9775) had deficiencies at the time of the visit.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on the Medication Observation Record (MORs) and interview, the facility failed to maintain daily documentation of medication observation for 1 of 1 sampled resident (#2) who receives assistance with self-administration of medications or medication management.

Findings:

Resident #2's , 2018 MOR's revealed missing dates or holes of no initials that medications was not given beginning on , , , , , , and for all medications.

On at 2 PM, an interview with both staff A and Owner who confirmed the findings. The owner stated she was very upset with staff because she always remind them to sign the MORs immediately after assisting with the medications to the residents.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on personnel record review and interview, the facility failed to ensure that 1 of 3 sampled staff (C) had a negative ( ) examination completed annually as required.

Findings:

Staff C's personnel record review revealed date of hire date and no evidence of the annual exam completed on file. Last test was .

On at 2 PM, an interview with the owner who confirmed the finding.

Class III

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965366	**04/12/2018**
NAME OF PROVIDER OR SUPPLIER **SLOAN HOME OF CENTRAL FL INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **307 S HIAWASSEE RD** **ORLANDO, FL 32835**	

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

Based on resident record review and interview, the facility failed to have documentation of the written informed consent provision for 1 of 2-sampled resident (#6) as required when an unlicensed staff provides assistance with self-administration of medications.

Findings:

Resident #6's record review revealed no evidence of the written informed consent form, and no documentation included on the resident's contract agreement either.

On [redacted] at 3:30 PM, an interview with the owner who confirmed the finding.

Class III

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on resident record review and interview, the facility failed to have documentation of an executed contract agreement for 1 of 2 sampled residents (#6) by the resident, or the resident's legal representative as required.

Findings:

Resident #6's record review revealed no evidence of an executed contract agreement completed or signed including all the required provisions regarding to care, services, supplies, contract amount monthly, resident rights, house rules, and additional cost that applies to living at the facility.

On [redacted] at 3:30 PM, an interview with the owner who confirmed the finding.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview, the facility failed to have documentation of the facility's Comprehensive Emergency Management Plan (CEMP) approval letter as required annually by the local emergency management agency.

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965366	**04/12/2018**
NAME OF PROVIDER OR SUPPLIER **SLOAN HOME OF CENTRAL FL INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **307 S HIAWASSEE RD** **ORLANDO, FL 32835**	

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

The CEMP was requested on [redacted] at 11 AM, however there was no documentation provided of the annual CEMP approval letter by Orange County Emergency Management office.

On [redacted] at 3:30 PM, an interview with the Owner who confirmed the finding.

Class III