STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966707	**06/11/2018**
NAME OF PROVIDER OR SUPPLIER **IONIE'S ASSISTED LIVING II**	STREET ADDRESS, CITY, STATE, ZIP CODE **3120 HAMMERSMITH ROAD** **ORLANDO, FL 32818**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . . . . . Ionie's Assisted Living Facility II, License #10871had 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 did not obtain a complete and accurate Resident Health Assessment form (1823) for 1 of 2 sampled residents (#1).

Findings:

Record review for resident #1 revealed he was admitted to the facility on . . . . . . The resident health form 1823 noted the resident the resident needed 24 hour care. Secondly, where the health care provider was to note whether the resident had any communicable . . . . . , ... were left blank. Further review of the health assessment revealed the section for the examiners name, signature of the examiner medical license# address of examiner, telephone number and date of examination were all left blank.

On at 11 AM, the administrator/owner confirmed the findings.

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observations and interview, the facility did not have an activities calendar posted.

Findings:

Observation on . . . . . at 9:15 AM, revealed there was no activity calendar posted anywhere in the facility.

On at 1 PM, the administrator/owner confirmed the findings. She said the wall were painted and the calendar had not been placed back.

Class

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **IONIE'S ASSISTED LIVING II**	STREET ADDRESS, CITY, STATE, ZIP CODE **3120 HAMMERSMITH ROAD ORLANDO, FL 32818**	

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

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

Based on record review and interview the facility failed to have evidence that one 1 of 3 sampled staff (C) had documentation of annual assessment for ( ) signed by the healthcare provider.

Findings:

Personnel record review for staff C, a caregiver revealed the last documentation to confirm she was free from was dated (was due and).

On at 1 PM, the administrator/owner confirmed the findings.

Class III

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

Based on record review and interview, the facility failed to record weights semi-annually for 1 of 2 sampled residents (#2) who required assistance with Activities of Daily Living.

Findings:

Record review for resident #2 revealed her resident health assessment form 1823 dated , noted she required assistance with the Activities of Daily Living,

Record review for Resident #2 revealed the last weights recorded were and the next weight record was on .

On at 11 AM, the administrator/owner confirmed the findings.

Class III

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

Based on record reviews and interview, the facility failed to ensure a residency contract was accurate and contained all of the required information for 2 of 2-sampled resident's contracts (#1 and #2).

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966707	**06/11/2018**
NAME OF PROVIDER OR SUPPLIER **IONIE'S ASSISTED LIVING II**	STREET ADDRESS, CITY, STATE, ZIP CODE **3120 HAMMERSMITH ROAD** **ORLANDO, FL 32818**	

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

Review of the contracts for Resident #1 and #2 revealed their contracts did not contain a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change.

On . . . at 1 PM, the administrator/owner confirmed the findings.

Class

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

Based on interview, the facility did not have evidence that the comprehensive emergency management plan (CEMP) was submitted for review and approval to the local emergency management agency.

Findings:

On . . . at 10:30 AM, the administrator/owner was asked to provide the facility's comprehensive emergency plan (CEMP) approval letter.

On . at 10:45 AM, the administrator/owner said she had not received the CEMP approval letter.

Class III