STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967498	R 06/12/2018
NAME OF PROVIDER OR SUPPLIER **SWAN AT LAKE CONWAY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3714 ST MORITZ STREET** **ORLANDO, FL 32812**	

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

0000 - Initial Comments

A revist to Complaint Investigation # 2018000262 was conducted on . Swan at Lake Conway Assisted Living Facility license #11542 had deficiencies at the time of the visit.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record review, observation, and interview the facility did not ensure 1 of 4 sampled residents (2) met the minimum admission criteria upon admission to the facility and admitted a resident who needed 24-hour nursing supervision and needed total care with bathing and eating.

Findings:

Resident record review for resident #2 revealed an admission date of . The health assessment report dated listed diagnoses of , and . He needed medication administration, was bedbound and of bowel and . According to the health assessment, he was bedridden and non-ambulatory. Health assessment report dated indicated he needed assistance with self- administration of medications, was bedridden and total care with activities of daily living.

In an interview with the owner on at 12:30 PM who said the resident was admitted to the facility with hospice care, she thought that as long as he was admitted with hospice, it did not matter if he was bed bound or able to ambulate.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on observations, record reviews and interview, the facility failed to ensure 2 of 4 resident's (1 and 9) who experienced a significant change had a medical examinations recorded on a health assessment form 1823 and rather made changes's to the existing health assessment.

Findings:

1. Resident record review for resident #1 revealed a health assessment report 1823 dated that

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967498	R 06/12/2018
NAME OF PROVIDER OR SUPPLIER **SWAN AT LAKE CONWAY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3714 ST MORITZ STREET** **ORLANDO, FL 32812**	

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

had a set of initials by the section of the assessment that indicated the resident needed assistance with self administration. There was no date by the initials or credentials, therefore unable to determine who and when was the correction was made. The same health assessment indicated the resident needed medications crushed and continuous . The concentration was not indicated.

In an interview with the owner on at 12 PM who said the resident's doctor came to the facility last month and made the change to the health assessment dated but did not fill out a new assessment form. She also added that the unlicensed staff assisted the resident with her as well as changing the tubing.

2. Review of the 2018 Medication Observation Record (MOR) revealed resident #9 received assistance with self - administration from the facility staff.
Resident record review for resident #9 revealed a health assessment dated that indicated she was able to take her medications without assistance.

In an interview with the owner on at 12 PM who said the resident's doctor used the same form (health assessment), just changed the date on the last page to and checked assistance.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview the facility did not notify the Agency of the change of administrators within 10 days of the change.

Findings:

In an interview with the owner on at 12:45 who said staff D was no longer the administrator, he quit in . She was in the process of working out an arrangement with some else and had not submitted the change of administrator form (AHCA Form 3180-1006, , 2013) because she had 90 days to submit the change of administrator form.

On at 1 PM, the Florida Health Finder.Gov website listed staff D as the facility's administrator.

In an interview with the owner on at 1:30 PM who said, she was told that she had 90 days to submit the change of administrator paperwork.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967498	R 06/12/2018
NAME OF PROVIDER OR SUPPLIER **SWAN AT LAKE CONWAY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3714 ST MORITZ STREET** **ORLANDO, FL 32812**	

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

Class III

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

Based on interview and record review the facility failed to ensure that staff were assigned duties consistent with their level of education, training, preparation and experience and allowed unlicensed staff to administer and change the tubing to 1 of 4 sampled residents (#1).

Findings:

Observations on at 12 PM noted resident #1 was in bed and had on. The concentrator was set at 2 liters a minute. The owner, an unlicensed, staff adjusted the nasal cannula.

In an interview on at 12 PM, the owner said the staff assisted the resident with the , changed the tubing and adjusted the tubing. She did not know how may liters a minute the resident was to be using. The durable medical equipment staff set up the .

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

DEFICIENCY REMAINED UNCORRECTED

Based on record review and interviews the facility did not maintain an employee roster on the Agency's Background Screening (BGS) Clearing House that listed all the facility employees and their employment status, for those subject to a background screening for 4 of 9 sampled employees (A, D, E & I).

Findings:

Review on the facility BGS log on at 3:48 PM revealed it listed 4 current employees (B, C and F) and 2 former employees (G and H).

Review on the facility BGS log on at 1:31 PM revealed it listed 4 current employees (B, C and F) and 2 former employees (G and H). The log did not list former staff A, D, E, and I).

In an interview with the administrator on at 1:31 PM who stated that:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967498	R **06/12/2018**
NAME OF PROVIDER OR SUPPLIER **SWAN AT LAKE CONWAY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3714 ST MORITZ STREET** **ORLANDO, FL 32812**	

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

A. was no longer employed as of . . . . .
D. was the former administrator resigned . . 2018
E. was no longer employed as of . . . .
I. was no longer employed as of

She added she was working with an individual to become the administrator and he would help her sort out the BGS log.

Unclassified