STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966707	R 07/30/2018
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

A revisit to the re-licensure survey was conducted on . . . . . , Ionie's Assisted Living Facility II, License #10871, had deficiencies at the time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview the facility did not obtain a complete and accurate Resident Health Assessment form (1823) for 1 of 1-sampled residents (#1).

Findings:

Record review for resident #1 revealed he was admitted to the facility on . . . . . . The resident health form1823 noted the resident needed 24-hour care. Secondly, the form indicated he required total assistance with self-care. 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 1:35 PM, the administrator/owner confirmed the findings and said the resident began hospice services on and she was still waiting for a new 1823 from the hospice doctor.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on observations and interview, the facility activities calendar did not contain at least 12 hours of scheduled activities planned over 6 days each week.

Findings:

Observation on at 1:15 PM revealed a weekly activity calendar posted that contained a total of 8 hours of activities planned on 5 days of the week. Wednesdays and Saturdays were listed as "FREE DAY" with no planned activities.

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SUMMARY STATEMENT OF DEFICIENCIES
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On at 1:35 PM, the administrator/owner stated she has always used this calendar.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

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

Findings:

Request to review the personnel record for staff C found the record was not available in the facility.

On at 1:30 PM, the administrator/owner confirmed the findings.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

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:

Review of the contracts for Resident #1 and #2 revealed their contracts still 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 1:30 PM, the administrator/owner confirmed the findings.

Class

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966707	R **07/30/2018**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

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

DEFICIENCY REMAINED UNCORRECTED

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 1:30 PM, the administrator/owner was asked to provide the facility's comprehensive emergency plan (CEMP) approval letter.

On . . . . at 1:30 PM, the administrator/owner confirmed she had not received the CEMP approval letter.

Class III