

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965366	(X3) DATE SURVEY COMPLETED R 07/30/2018
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 revisit to the 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

DEFICIENCY REMAINED UNCORRECTED

Based on Medication Observation Record (MOR) and interview, the facility failed to maintain accurate daily documentation of medication observation for 4 of 6 sampled resident (#3, 5, 7 & 8) who received assistance with self-administration of medications.

Findings:

Request to review the MOR on found the caregiver/owner trying to fill in missing signatures before she handed the MOR to the surveyor.

Review of the MOR on at 12:15 PM for residents #3, 5, 7, & 8 found no medications were initialed as given on or

On at 12:15 PM, the owner/caregiver stated she had worked that past weekend and did not sign the MOR. She stated she knew she was supposed to sign the MOR each time a medication was given.

Class III

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

DEFICIENCY REAMINED UNCORRECTED

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 (#7) as required when an unlicensed staff provides assistance with self-administration of medications.

Findings:

Resident #7's record review revealed a written informed consent form signed on , but the space to

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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indicate if a licensed nurse would oversee assistance with medications was left blank. On at 1:30 PM, the caregiver/owner confirmed the finding. Class III		