

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964828	(X3) DATE SURVEY COMPLETED 08/13/2018
NAME OF PROVIDER OR SUPPLIER IONIE'S ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 3447 ALISSA COURT ORLANDO, FL 32808	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments The re-licensure survey was conducted on [redacted] Ionie's Assisted Living Facility (License #9336) had deficiencies at the time of the visit. 0004 - Licensure - Requirements - 58A-5.016 FAC Based on observation of the Agency for Healthcare Administration (AHCA) license posted and interview, the facility has 4 private pay beds and 3 beds designated for [redacted] () recipients as required. Findings: Observation on [redacted] at 9:30 AM, AHCA license posted states that capacity of 7 beds. Breakdown was 4 private pay beds and 3 beds designated for [redacted] recipients. On the day of the survey, no residents were receiving [redacted], and there was no documentation of any Department of Children & Families (DCF) Forms 1006 as required. On [redacted] at 1:30 PM, an interview with the Administrator who stated that she thought 3 of her residents had [redacted]. Furthermore, she confirmed the findings, as she does not have any documentation or evidence from DCF providing eligibility for those 3 [redacted] beds. Class III 0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC Based on resident record review and interview, the facility failed to obtain an accurate AHCA Form 1823 Health Assessment with correct information completed by the healthcare provider for 1 out of 3 sampled residents (#4) as required. Findings: Resident #4's record review revealed an 1823 Health Assessment dated [redacted] checked the resident needed administration of medications. However, this facility does not have a licensed nurse on staff to administer the medications.		

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SUMMARY STATEMENT OF DEFICIENCIES
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On 8/13/2018 at 10 AM, an interview with caregiver unlicensed staff A who confirmed that she assist resident #4 with self-administration of medications every day.

On 8/13/2018 at 2:30 PM, an interview with the Administrator who confirmed the finding.

Class III

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

Based on Medication Observation Record (MORs) and interview, the facility failed to document the correct codes when documenting on the MORs for 1 of 1 sampled residents (#4) MORs.

Findings:

Resident #4's 8/13/2018 MORs review revealed that staff is incorrectly signing the document as directed. Staff A used the wrong code for charting on back of the MORs, to write on the front of the MORs "the letter D, meaning to hold medication".

A physician order dated 8/13/2018 to hold medications for 0.1 mg and 10mg on Monday, Wednesday, and Friday each week because the resident has no treatment on those 3 days.

On 8/13/2018 at 2:30 PM, an interview with caregiver staff A confirmed that she is marking the MORs this way using the code "D" from the back and did not know that it was wrong code to sign off.

On 8/13/2018 at 3 PM, an interview with the Administrator who confirmed the findings.

Class III

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

Based on personnel record review and interview, the facility failed to obtain documentation that 1 of 3 sampled staff (B) () exam was completed annually as required by a healthcare provider, or Department of Health.

Findings:

Staff B's personnel record review revealed date of hire 8/13/2018 and there was no documentation of

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the current annual exam was completed. The last exam on file was dated On at 3 PM, an interview with the Administrator who confirmed the finding. Class III 0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC Based on personnel record review and interview, the facility failed to ensure that 1 of 3 sampled staff (A) certificate of completion for a 4 hour continued education training for assistance with self-administration of medications documented the entire date. Findings: Staff A's personnel record review revealed a 4 hour continued education with assistance to self-administration of medications certificate did not have the full date completed written out. The certificate is dated with no year. On at 3 PM, an interview with the Administrator who confirmed the finding. Class 0162 - Records - Resident - 58A-5.024(3) FAC Based on resident record reviews and interview, the facility failed to have a copy of the written informed consent for unlicensed staff to assist with self-administration of medications for 2 of 3 sampled residents (#4 and #6) as required. Findings: For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident's contract Resident #4's record review revealed no evidence the informed consent was signed by the resident or their representative that unlicensed staff will assisted with the self-administration of medication. The resident was admitted to the facility on		

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Resident #6's record review revealed no evidence the informed consent was signed by the resident or their representative that unlicensed staff will assisted with the self-administration of medication. The resident was admitted to the facility on On 8/13/2018 at 2 PM, an interview with the Administrator who confirmed the findings. Class		