STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968399	**09/27/2018**
NAME OF PROVIDER OR SUPPLIER **SLOAN HOME OF CENTRAL FLORIDA INC II**	STREET ADDRESS, CITY, STATE, ZIP CODE **505 HARBOR POINT BLVD** **ORLANDO, FL 32835**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . . . . . Sloan Home of Central Florida, Inc. II, license #12286, had deficiencies at the time of the visit.

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 a complete and accurate health assessment (form 1823) for 1 of 2 sampled residents (#3) as required by 429.26(4-6) FS and 58A-5.0181(2) FAC.

Findings:

Review of the record for resident #3 revealed an admission date of . The record contained a health assessment dated . . . . which documented the following: resident does not need assistance with medications, and the resident requires assistance with self-administration of medications.

On at 12:30 PM, the owner confirmed the findings and stated she had not noticed the form was incorrect.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, Medication Observation Record (MOR) review and interview, the facility failed to provide prescribed medications as ordered for 5 of 5 residents. (1, 2, 3, 4 & 5)

Findings:

1. On at 8:45 AM, resident #1 stated that she receives assistance with her medications. She stated everything was fine, except they never got their pills on the 31st of any month. She said they were told the pharmacy only provides a 30 supply. She stated she was fine and did not ever experience any problems as a result of not getting the pills, but she did not think that was the right way to do it.

2. On at 10:30 AM, staff A confirmed that they do not give medications to any resident on the 31st of any month. "The supply is only 30 days, so we start the new supply on the 1st of the new month."

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3. Review of the MOR for the months of and 2018 for residents #1, 2, 3, 4 & 5 revealed no documentation for any medications given on or . Resident #3 had handwritten MORs for & 2018. The forms did not contain a space for the 31st of either month. (Photographic evidence obtained for residents #1 & #3)

On at 11:30 AM, the owner confirmed the findings and stated she thought they had to start the medication cards on the first of each month and there were never any pills in the sport for #31. So they waited until the 1st to give medications for the new month.

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on personnel record review, staff schedule review and interview, the facility failed to ensure that staff working alone had current training and certification in First Aid and ( ) for 2 of 3 sampled staff (B & C).

Findings:

Review of the staff schedule revealed staff B & C were scheduled to work alone as caregivers in the facility.

Review of the personnel record for Staff B, the administrator, who works alone on weekends, revealed there was no documentation of current certification in First Aid.

Review of the personnel record for staff Cm the owner, who does work alone as needed, revealed there was no documentation of current certification in .

On at 1:30 PM, the owner confirmed the finding and said one of the other staff would work with them until the classes were completed.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on personnel record review and interview, the facility failed to ensure that direct care staff were trained in the facility's policies and procedures related to ( ) within 30 days of employment for 1 of 3 sampled staff (A).

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

Findings:

Review of the personnel record for staff A, caregiver hired , revealed there was no documentation for training in the facility's policies and procedures regarding .

On at 10:30 AM, when asked to explain what the letters meant, she stated she did not know. When written on a piece of paper for her to see, she said she still did not know what that was.

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

Class III

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

Based on resident record review and interview, the facility failed to maintain a complete and accurate demographic information form for 1 of 2 sampled residents (#3) as required by 58A-5.024(3) FAC.

Findings:

Review of the record for resident #3 revealed an admission date of . The record contained a sheet of paper entitled "Demographic data information." The form had been completed with the resident's name, admission date, and date of birth, race, gender and weight. No other information was completed. There was no emergency contact information filled in.

On at 12:30 PM, the owner confirmed the findings and stated she forgot to fill out the rest.

Class

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

Based on observation, Agency Background Screening website review and interview, the facility failed to maintain the employment status of employees within the Agency's Background Screening Clearinghouse for 1 of 4 sampled staff employees (D).

Findings:

Review of the Agency's Background Screening website revealed Staff D was listed as a current

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SUMMARY STATEMENT OF DEFICIENCIES
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employee. Staff D was not listed on the facility staff schedule for any time during the month of [redacted] 2018.

In an interview with the owner on [redacted] at 1:40 PM, she stated that staff D no longer worked for her. She said she used to work at another location that closed in [redacted] 2018.

Unclassified