STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967498	**09/06/2018**
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 Complaint Investigation #2018013415 was conducted on . . . . . Swan at Lake Conway Assisted Living Facility (License #11542) had deficiencies at the time of the visit.

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

Based on record review and interview, the facility failed to ensure the Medication Observation Record (MOR) was accurate and up-to-date for 4 of residents sampled. (#2, 4 and 8)

Findings:

Observations on . . . . . at 1 PM during the facility tour noted staff B made multiple entries on the MORS, as she turned page after page. She said all the resident had taken their medication in the morning and she was signing the MOR currently.
1. The , 2018 MOR for resident # 2 listed , 5 mg daily at 8 AM and was blank on . . . . at 8 AM.

2. The . . , ... 2018 MOR for resident # 4 listed . . . , . . 5 mg , Donezapil 10 mg , . . , 81 mg , , 5 mg and , 20 mg all daily at 8 AM were all blank on at 8 AM. , 300 mg 3 times a day at 8 AM, 2 PM and 8 PM were all blank on . . . . at 8 PM and . . . . at 8 AM. Onlazapine 5 mg daily was blank on at 8 AM . 37.5 mg twice daily at 8 AM and 8 PM was blank on . . . . at 8 PM and . . . . at 8 AM.

3. The . . , ... 2018 MOR for resident # 8 listed . , 81 mg, Clopidrogel 75 mg , ... , . . 5 mg and Lorsatan 50 mg, all at 8 AM and were blank on and . , 25 mg twice daily at 8 AM and 8 PM was blank on . . . at 8 PM, . . . 8 AM and 8 PM and . . . . at 8 AM. . . . . 325 at 8 PM was blank on . Mitazipine 7.5 mg , , S, , 15 mg and . . all due at 8 PM were blank on . . . and . . . . . .

In an interview with the owner on . . . . . at 3:30 PM who offered no comment.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on interview the facility failed to allow the fire inspector access into the facility on for

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re-inspection.

Findings:

On at 1 PM, an interview with the fire inspector who stated that he was denied entry to the facility on .

Interview with staff A on at 1:15 PM who stated she did not let the Fire Inspector in the facility on because a resident was dying. The last time he (Fire Inspector) came to the facility he made all residents evacuate and that would have been too much noise and commotion for the dying resident. She did not explain to the fire inspector about the resident dying because she already said he could not come in.

0160 - Records - Facility - 58A-5.024(1) FAC

Based on the interview and review of the current fire inspection document, the facility failed to maintain a satisfactory fire inspection as required.

Findings:

On the fire inspector was denied entry into the facility to conduct the re-inspection.

The Fire Inspector also stated that this was the third visit to the facility and the fire alarm was still not working because of the back flow tamper switch that would affect the fire alarm and sprinkler overflow if not repaired. (Photographic evidence obtained)

On at 1 PM, an interview with the fire inspector stated the fire inspection conducted today failed again. In addition, he stated that this was the third visit to the facility.

A Fire inspection document dated revealed that three (3) violations. (Photographic Evidence Obtained).

On at 1:30 PM, an interview with the Owner who confirmed the finding.

Class III

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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)

Based on the interview and review of the current fire inspection document, the facility failed to maintain a satisfactory fire inspection as required.

Findings:
On at 1 PM, an interview with the authorized officer (fire inspector) stated the fire inspection conducted today failed again. In addition, he stated that this was the third visit to the facility.

A Fire inspection document reviewed dated revealed that three (3) violations needed corrected. (Photographic Evidence Obtained).

On at 1:30 PM, an interview with the Owner who confirmed the finding.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interview, the facility failed to develop, submit and maintain a copy of their Emergency Power Plan (EPP); and the facility failed to notify the residents in writing that the EPP plan submitted as required.

Findings:

On at 1:10 PM, the Owner asked to provide a copy of the Emergency Power Plan (EPP) approval letter. The owner replied, "The man is working on it". The owner had no documentation or no written verification.

Review of the website "Florida Health Finder.gov" the facility was to use a portable generator for its alternate power source.

On at 1:30 PM, the Assisted Living Facility (ALF) generator assessment form completed with the Owner. The Owner confirmed that there was no EPP approval. Also, there were no monoxide detector at the time of the visit.

Class III