STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966707	R 10/24/2018
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 second revisit to a re-licensure survey was conducted on . . . . . Ionie's Assisted Living Facility II (License #10871) had deficiencies at the time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview, the facility failed to ensure the 3 of 3 sampled residents (#1, #2 and #6) contract agreement was accurate and contained all the required information.

Findings:

Review of contract agreements for residents # 1, #2 and #6 revealed no provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181 (2), FAC, and every 3 years thereafter or at a significant change pursuant to subsection (4) of that rule.

On . . . . at 1 PM, an interview with the Administrator confirmed the findings.

Class

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

DEFICIENCY REMAINED UNCORRECTED

Based on interview, the facility did not have documentation of the Comprehensive Emergency Management Plan (CEMP) approval letter from the local emergency agency as required annually.

Findings:

On . . . . . at 1:30 PM, an interview with the Administrator revealed she submitted the CEMP to the local emergency agency but had not received an approval letter.

Class III