

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968271	(X3) DATE SURVEY COMPLETED R 12/06/2018
NAME OF PROVIDER OR SUPPLIER ANNE'S HOME ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 955 TUSKAWILLA RD WINTER SPRINGS, FL 32708	

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

0000 - Initial Comments

A revisit to complaint investigation was conducted on Annie's Home ALF, 955 Tuskawilla Road, Winter Springs 32708 (LIC#12189) had deficiencies at the time of the visit.

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(l)

Based on record review and interview the facility failed to conduct and document resident elopement drills pursuant to Sections 429.41 (1) (a) 3, and 429.41 (1) (l), F.S. for 4 out of 4 residents #1, #2,#3 and #4.

Findings:

1. In a review of the facility's policies on , the facility did not have an elopement response procedure. In further review the facility failed to produce an elopement drill logs.
2. In a review of the facility's staff training log on , the facility did not have documentation showing staff was trained on elopement drill procedures.
3. In an interview on at 12pm with Staff A, she confirmed the facility has not performed elopement drills and was unaware of the facility's elopement policies.
4. In an interview on at 12:45 with the owner, she confirmed she does not have documentation of staff being trained on elopement drills or policies and there was no documentation on the facility completing elopement drills to date.

Class III

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

Based on record review and interview, the facility failed to obtain an approved Comprehensive Emergency Management Plan from the local Emergency Management agency.

Findings:

1. During a review on of the facility's comprehensive emergency plan criteria for assisted living facilities, it revealed the approval from Seminole County for the plan expired on In

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/03/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968271	(X3) DATE SURVEY COMPLETED R 12/06/2018
NAME OF PROVIDER OR SUPPLIER ANNE'S HOME ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 955 TUSKAWILLA RD WINTER SPRINGS, FL 32708	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
further review it confirmed the facility did not have a current approval for the plan from Seminole County Management, as of this date. 2. In an interview on at 12:45 pm with the Owner, she confirmed she has not received the approval for the Comprehensive Emergency Management Plan from Seminole County as of this date. Class III		