| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967498 | R<br>04/01/2019 |
| NAME OF PROVIDER OR SUPPLIER<br>**SWAN AT LAKE CONWAY ALF** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3714 ST MORITZ STREET**<br>**ORLANDO, FL 32812** | |

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

**0000 - Initial Comments**

A revisit to the re-licensure survey was conducted on , , . . . Swan at Lake Conway, license #11542, had deficiencies at the time of the visit.

**0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC**

DEFICIENCY REMAINED UNCORRECTED

Based on record reviews and interview, the facility failed to ensure an 1823 health assessment form was accurate for 1 of 4 sampled residents (#2).

Findings:

Resident #2 was admitted to the facility on . . . . A current 1823, dated . . . , indicated that she required both medication administration and assistance with self-administration of medications. Her record did not contain documentation to indicate the facility contacted the health care provider for clarification.

On at 1:10 p.m. the owner confirmed the findings.

Photographic evidence obtained.

Class III

**0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27**

DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview, the facility failed to develop written policies and procedures that addressed control, sanitation, and universal precautions.

Findings:

On at 1:25 p.m. a request was made to review the facility's written policies and procedures that addressed control, sanitation, and universal precautions. The owner provided a binder and said the policy was in it however, it was not.

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SUMMARY STATEMENT OF DEFICIENCIES
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At 1:30 p.m. the owner confirmed the findings and was unable to provide additional documents.

Class III

**0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)**

DEFICIENCY REMAINED UNCORRECTED

Based on observations, record reviews and interview, the facility failed to ensure the unlicensed caregiver (owner) who assisted a resident (#2) with self-administered medications followed the correct procedures.

Findings:

Observations made of a medication pass for resident #2 on at 8:50 a.m. revealed the resident stood near the medication cart. The unlicensed owner donned gloves, unlocked the cart, removed bottles of medications, and prior to pouring the medications into a cup, she said the name of each medication aloud. She showed each prescription label to the resident however, two times the resident said she did not have her glasses on so she could not read them. After all of the medications were poured, the resident took them without assistance. Additionally, the resident removed her inhaler from its box and self-administered it. The owner observed the resident take the medications then she signed the Medication Observation Record.

The owner did not read each prescription label aloud, as required.

At 1:29 p.m. the owner confirmed the findings.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record reviews and interview, the facility failed to ensure 1 of 2 staff (C) submitted a written statement from a health care provider documenting freedom from communicable within 30 days after beginning employment.

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings:

Caregiver C was hired on . Her personnel record did not contain a written statement from a health care provider documenting freedom from communicable , as required.

On at 1:31 p.m. the owner confirmed the findings.

Class III

**0081 - Training - Staff In-Service - 58A-5.0191( ) FAC**

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record reviews and interview, the facility failed to ensure that 2 of 3 sampled staff (C and D) received the required in-service training within 30 days of employment.

Findings:

Caregiver C was hired on .

Caregiver D was hired on .

The owner provided what she identified as in-service training for caregivers C, dated , and D, dated , that covered resident , neglect, and , , reporting major and adverse incidents, facility emergency procedures, and resident rights however, it was a training agenda that did not contain the duration of the trainings to indicate the time requirements were met.

On at 1:40 p.m. the owner confirmed the findings.

Photographic evidence obtained.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on record reviews and interview, the facility failed to record a semi-annual for 1 of 3

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SUMMARY STATEMENT OF DEFICIENCIES
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residents (#1) who received assistance with the Activities of Daily Living (ADLs).

Findings:

Resident #1's record revealed a facility admission date of . Her current 1823 health assessment form, dated , indicated that she required assistance with ADLs.

Her record contained recorded only on , , and .

On at 1:19 p.m. the owner confirmed the findings and was unable to provide additional documentation.

Photographic evidence obtained.

Class III

**0168 - Resident Refund Policy - 429.24(3)(a) FS; 429.27(7), FS**

Based on record review and interview, the facility failed to ensure its resident refund policy contained all of the required provisions.

Findings:

Review of the facility's resident refund policy revealed that it did not contain provisions that if the amount of the resident's personal belongings does not preclude renting the unit, the facility may clear the unit and charge the resident or his or her estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed 20 percent of the regular rate for the unit, provided that 14 days' advance written notification is given. If the resident's possessions are not claimed within 45 days after notification, the facility may dispose of them.

Any other specified conditions under which claims will be made against the refund due the resident.

If after a contract is terminated, the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond.

On at 1:55 p.m. the owner confirmed the findings.

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Class

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

REMAINED UNCORRECTED

Based on review of the facility's online background clearinghouse employee roster, personnel record reviews and interview, the facility failed to ensure the employee roster was updated for 4 of 6 sampled staff (owner, A, C, and D.)

Findings:

The facility owner began operating the facility on .

Caregiver A was hired on .

Caregiver C was hired on .

Caregiver D was hired on .

Review of the facility's background clearinghouse employee roster on at 8:47 a.m. revealed the employment end date for them all was .

Review of the facility's staffing schedule revealed they all were on the schedule.

On at 2:01 p.m. the owner said they all still worked at the facility and she did not know why the roster indicated their employment ended.

Photographic evidence obtained.

Unclassified

**Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)**

REMAINED UNCORRECTED

Based on personnel record reviews and interview, the facility failed to ensure 1 of 4 personnel records

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(D) contained a signed Attestation of Compliance with Background Screening Requirements.

Findings:

Caregiver D was hired on . Her personnel record contained an attestation of compliance with background screening requirements however, it was not signed.

On at 2:27 p.m. the owner confirmed the findings.

Photographic evidence obtained.

Unclassified