STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911279	**07/11/2019**
NAME OF PROVIDER OR SUPPLIER **GREEN TREE ASSISTED LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8207 FOREST CITY ROAD** **ORLANDO, FL 32810**	

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

0000 - Initial Comments

A biennial re-licensure survey was conducted at Green Tree Assisted Living, LLC on . . . . Deficiencies were identified at the time of survey.

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

Based on record review and interview the facility did not obtain a complete and accurate AHCA form 1823, Resident Health Assessment for Assisted Living Facilities, ... for 1 of 5 residents (4).

Findings:

Resident record review for resident #4 revealed an AHCA form 1823 dated . . that indicated the resident needed total care with ambulation- , , , treating- history of .

On at 11 AM the resident was observed to self- propel in an electric scooter.

In an interview with the director of nursing on at 4:30PM who said she helped the healthcare provider fill out the assessment form and checked total because the resident was unable to ambulate by herself and used an electric scooter to get around and go shopping.

Class III

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

Based on record reviews and interview, the facility failed to honor resident rights by limiting the visiting hours for 1 of 2 sampled residents (#9).

Findings:

Resident #9's residency contract, dated , indicated that visiting hours were only until 8 p.m. when in fact, the residents have the right to have visitors until at least 9 p.m.

On . . . at 4 p.m. the director of nursing confirmed the findings.

Photographic evidence obtained.

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Class III

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

Based on personnel record reviews and interview, the facility failed to ensure the personnel record for 1 of 4 sampled staff (B) contained documented evidence of a negative ( ) exam on an annual basis.

Findings:

Caregiver B was hired on . Her personnel record contained the results of a , dated and did not contain documented evidence of a negative exam on an annual basis, as required.

On at 4 p.m. the director of nursing confirmed the findings and said she thought the , was good for two years and therefore, an annual exam was not required.

Photographic evidence obtained.

Class III

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

Based on record review and interview, the facility failed to ensure the resident contract for 1 of 2 sampled residents (#9) contained accurate information.

Findings:

Resident #9's residency contract, dated , indicated that if at least 45 days' notice is given, a refund will be made in 45 days otherwise, the resident will be charged for 45 days from the date of the notice when in fact, residents are required to give only 30 days' notice to vacate.

On at 4 p.m. the director of nursing confirmed the findings.

Photographic evidence obtained.

Class

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

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

Based on personnel record review and interview, the facility failed to ensure 2 of 4 sampled staff (B and D) completed An Attestation of Compliance with Background Screening Requirements.

Findings:

Caregiver B was hired on .

Administrator D was hired in 2013.

Neither personnel record contained an attestation of compliance with background screening requirements.

On at 4 p.m. the director of nursing confirmed the findings.

Unclassified