STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967498	R 05/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SWAN AT LAKE CONWAY ALF	**3714 ST MORITZ STREET** **ORLANDO, FL 32812**

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

0000 - Initial Comments

A second revisit to the re-licensure survey was conducted on . . . . Swan at Lake Conway ALF had deficiencies at the time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on observation, record review and interview, the facility failed to ensure the unlicensed caregiver (owner) who assisted a resident (#3) with self-administered medications followed the correct procedures.

Findings:

Observations made of a medication pass for resident #3 on . . . . at 8:30 a.m. revealed the resident sat in her wheelchair near the medication cart. The unlicensed owner washed her , put on non-sterile gloves, unlocked the cart, and removed the cards of medications. She showed the resident the prescription label on the card and stated, "This is your (mumbled name of medicine) for . . . . , ..." She put one pill in a small cup and handed it to the resident, along with a glass of water and said "Take that for me." The owner then signed the Medication Observation Record (MOR). She repeated this process for each of the 5 medications. The owner did not read each prescription label aloud, as required.

On at 8:35AM, the owner confirmed she did not read each label aloud and said. "I'm still learning."

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on review of the facility's online background clearinghouse employee roster, personnel record review and facility staff schedule review and interview, the facility failed to ensure the employee roster was updated for 5 of 5 sampled staff (owner, A, C, D & E)

Findings:

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	AL11967498	R **05/29/2019**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Review of the facility staff schedule for , found staff A, C, D, and the owner listed to work caregiver shifts throughout the month. The administrator (E) was hired on , staff A was hired , staff C was hired 11/01/17, staff D was hired . The owner has operated the facility since .

Review of the facility's background clearinghouse employee roster on at 9:32am revealed every employee had an end date entered in the roster. End dates were: A & D- , C, owner & administrator- , the roster showed there were no employees at the facility as of .

On at 910:05 AM, the administrator was surprised and stated the previous administrator still had access to the system. She stated she did not know why the roster indicated their employment ended.

Photographic evidence obtained.

Unclassified