STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968083	09/19/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Avalon Assisted Living	2580 First Street Fort Myers, FL 33901	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0025-Resident Care - Supervision-09/19/2013

Revisit Repeat Tags:
0000-Initial Comments-
0030-Resident Care - Rights & Facility Procedures-58a-5.0182(6) Fac; 429.28 Fs

Revisit New Tags:
0081-Training - Staff In-Service-58a-5.0191(2) Fac
0091-Training - Documentation & Monitoring-58a-5.0191(12) Fac

Specific Tag Findings:
A follow-up to Complaint Survey, CCR# 2013005299 was conducted at Avalon, an Assisted Living Facility (ALF), on .

Tag A0025 was corrected, tag A0030 is corrected for the 45 day discharge notice, however is re-cited for neglect. The facility received new citations: A0081 and A0161.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on resident records reviewed and staff interview, the facility failed to provide care for 1 (Resident #9) of 3 residents after she had a in the facility resulting in neglect.

The findings include:

1. An interview was conducted with the office manager on at 9:15 a.m. She stated Resident #9 had a in the past two months.

2. An interview was conducted with Resident #9 at 9:30 a.m. on . She stated she has not and is feeling fine.

3. A review of the Resident #9's record documented on the "Resident Observation Log" on Resident #9 out of bed at 9:45 p.m. The resident was not hurt and she did not appear to be in pain. The staff (Staff H) did not try to lift her back in bed. She provided Resident #9 a under her, a sheet, blanket and a pillow. Documentation shows she checked on Resident #9 at 10:30 p.m., 1:00 a.m., 4:30 a.m. and 6:15 a.m. At 7:00 a.m. she explained to the morning staff (Staff G) what had happened to Resident #9 and the morning staff "took over."
The morning staff documented at 10:00 a.m. on , Resident #9 says her left hip hurts and there are no signs of injury. At 2:15 p.m. the staff called (a nurse from the day program) regarding Resident #9, stating she had and had back pain. (The nurse) told the staff to "Keep an eye on her, and if she gets worse they will send a nurse out ...but Monday she has to follow up at clinic..."
On at 10:00 p.m. it is documented Resident #9 is "Experiencing a lot of muscle stiffness and pain. It is hard to raise up when she sit on the couch or a chair for a while she is slow to walk and very nervous."
Documentation on at 5:00 a.m. revealed, Resident #9 "Did not sleep very well screaming with back pain..."

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4. An interview was conducted with the office manager at 10:00 a.m. on . She said Staff H no longer works at facility. She refused to do some of her work and did not provide Resident #9 with the appropriate care during this . She stated (the day program) was called during the week-end to inform them of this but they refused to come out.
The office manager was asked if anyone else was called since the residents was and complaining of pain. She stated the facility did not call anyone else concerning this until Resident #9 went to the day program on Monday and the nurse assessed her there. The nurse documented there were no injuries. Resident #9's son was called and informed him of the .

5. Observation of Resident #9 at 9:30 a.m. on showed there were no or injuries. She seemed fine but somewhat .

A review of the health assessment shows she had . The office manager stated she was not sure why the staff did not call the administrator or 911 to help Resident #9 after her .

The facility failed to assist the resident call 911 after the , access the residents condition or call 911 after the , even after the resident was . Resident #9 was allowed to remain on the floor all night after the . Facility staff also failed to contact their administrator for instructions.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and staff interview, the facility failed to ensure 2 of 2 staff (Staffs G and H) had the required training for the reporting incidents within 30 days of their date of hire.

The findings include:

1. A review of Staff G's personnel record showed she was hired on . A review of her training for Incident Reporting showed it was completed on .

2. A review of Staff H's personnel record showed she was hired on . A review of her training showed there is no documentation she had training in reporting major incidents, reporting adverse incidents and facility emergency procedures.

3. An interview was conducted with the Office Manager on at 11:00 a.m. She stated she is not involved with these two trainings.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on record reviewed and staff interview, the facility failed to ensure training meet the documentation requirements for 1 of 2 (Staff G) staff's training in Incident Reporting.

The findings include:

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1. A review of Staff G's personnel record showed a sheet of paper titled "Employee Orientation." The supervisor initialed off on the training for Incident Reporting dated Staff G's name is not on this form. The documentation also not included on this form is the subject matter, training program agenda, number of hours, the trainee's name and credentials.

2. An interview was conducted with the Office Manager on at 11:00 a.m. She stated she does not have the information regarding the content of this training. She stated the owner of the facility provided Staff G with this training and she does not have to an outline of this training at hand.

Class

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Avalon Assisted Living
2580 First Street
Fort Myers, FL 33901

RE: CCR# 2013005299

Dear Administrator:

This letter reports the findings of a Complaint Revisit Survey conducted on 19, 2013 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 2013.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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