STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943128	C 03/13/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST MARY'S HOME	**718 W. WINTER PARK STREET** **ORLANDO, FL 32804**

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

0000 - Initial Comments

A complaint investigation #2016014515 was conducted on and . The complaint allegations were not substantiated. However, St. Mary's Home, License#4860, had deficiencies found at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure the health assessment had all the required information for 4 out of 4 sampled resident records reviewed (#1, #2, #3 & #4).

Findings:

A review of the most current health assessments (AHCA 1823) revealed the following:

1. Resident #1's current AHCA 1823 was not dated. On at 11:15 AM, the administrator confirmed that it was the most current AHCA 1823 for the resident and it was not dated.

2. Resident #2's AHCA 1823 dated did not have the examiner's address and telephone number.

3. Resident #3's AHCA 1823 dated did not have the examiner's address and telephone number.

4. Resident #4's AHCA 1823 dated did not have the resident's height and weight and there was no documentation of the level of assistance needed with Activities of daily living and the mode of medication administration.

On at 12:15 PM, the administrator stated that he was not aware of the above missing information.

Class III