Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911297	A. BUILDING: _____ B. WING _____	01/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW MANOR ASSISTED LIVING FACILITY, INC	5357 BROSCHE ROAD ORLANDO, FL 32807

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced complaint investigation, 2021000083, was conducted at Lakeview Manor Assisted Living Facility, 5357 Brosche Road, Orlando, Florida, on . . . . Deficient practices were found at the time of the investigation.	A 000		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable . . to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, ... or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.	A 152		

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A 152	Continued From page 1 (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observations and record review, the facility placed facility residents at-risk by failing to provide an environment free of hazards and in good working order. (photographic evidence/photo 1 and 2). Findings include: On at 10:25 AM, agency staff toured the facility and observed the following items at the front of the building. " Multiple piles of yard rubbish with weeds growing through them. The piles included yard waste and debris. " Grass and lawn were unkept and needed to be cut. " A wood plank that ran the length of the property was warped and " Fencing was in poor repair, missing the top rails which were laying in the unkept grass. " Air condition unit (box unit in the window) had collected a large amount of black mold like substance underneath it. " The facility sign was in disrepair and falling. " Ladder was being stored in the front garden. " Unkept gardens, no plants, just weeds. " Large amount of wood laying in piles in the front yard. " Driveway had large amounts of broken	A 152		

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A 152	Continued From page 2 concrete and an uneven walkway making it a trip hazard. On at 11:05 AM, agency staffed toured the rear of the facility and made the following observations. " The porch area, used by residents to gather and smoke, was covered (roof) by a large blue tarp, stacks of junk including broken chairs, boxes, and other material. The facility emergency generator was stored in this area and covered by junk. " The lawn was unkept and needed to be cut. " Exterior storage unit was covered in rust and in poor repair. " The yard had large piles of yard waste with weeds growing through it. " The air conditioning unit (window box) had black mold like substance growing on the wall. " The facility is located on a lake, no signage for residents on safety. On at 11:20 AM, in an interview with the administrator, the administrator stated they do not have a maintenance plan and tend to, "handle projects as they come up". The administrator, when asked about the roof leak in the porch, she could not provide an answer and stated well I guess it needs to come off. Regarding all the piles of rubbish, the administrator stated they have not been there very long, when challenged about the weeds growing through the piles, stated, "maybe it has been awhile". Class III	A 152		
CZ814 SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse	CZ814		

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CZ814	Continued From page 3 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the ⎵ , are enrolled in the national retained print . notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic ⎵ , submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to ensure one of three staff had completed the level 2 background screening by not allowing a 90-day gap prior to employment. Findings include: On , in a record review of Staff C's employee file, the file for Staff C documented	CZ814		

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CZ814	Continued From page 4 Staff C was hired at the facility on [redacted], ended dated at her prior employment was on [redacted] and screened on [redacted]. The document shows a 90-day gap in screening. On [redacted], in a record review of the Agency for Health Care Administration background screening web site, it confirmed Staff C was hired by the facility on [redacted], end dated at the prior place of employment was on [redacted] and screened on [redacted]. On [redacted] at 11:34 AM, in an interview with the administrator, the administrator stated she was unaware of the requirement to rescreen new hires if they had a 90-day gap from their prior employment. Unclassified	CZ814		