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 |
|---|---|---|---|
| | AL11969801 | A. BUILDING: _____ B. WING _____ | C 02/15/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LAKESHORE MANOR AT LAKE JACKSON LLC | 2397 US HWY 27 S SEBRING, FL 33870 |

| (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<br><br>A complaint investigation (complaint number: 2024001800) and a generator monitoring were conducted at Lakeshore Manor at Lake Jackson on . Deficiencies were identified at the time of the survey. | A 000 | | |
| A 083 SS=D | 59A-36.011(5) FAC Training - First Aid and<br><br>(5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times.<br>(a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement.<br>(b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to ensure that 4 (Administrator, Staff A, C, and D) of 4 sampled employees whose records were reviewed had the required First Aid and training. | A 083 | | |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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|---|---|---|---|---|
| A 083 | Continued From page 1<br><br>Findings Included:<br><br>During employee record review conducted on revealed that the Administrator, who had a hire date of , did not have the required First Aid and training.<br><br>During employee record review conducted on revealed that Staff A, who had a hire date of , did not have the required First Aid and training.<br><br>During employee record review conducted on revealed that Staff C, who had a hire date of , did not have the required First Aid and training.<br><br>During employee record review conducted on revealed that Staff D, who had a hire date of , did not have the required First Aid and training.<br><br>During an interview conducted on at 12:32pm with the Administrator she confirmed she and Staff A, C and D did not have the First Aid and training.<br><br>Class III | A 083 | | |