

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 08/01/2013  
FORM APPROVED

|                                                                                                        |                                                                                           |                                                     |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11910115</b>                 | (X3) DATE SURVEY COMPLETED<br><br><b>07/10/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Chambrel At Island Lake</b>                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>160 Islander Court<br/>Longwood, FL 32750</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                           |                                                     |

**List of Tags Cited:**

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D  
St - A - 0082 - 58a-5.019(3) Fac - Training - S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced Change of Ownership Survey (CHOW) was conducted at Chambrel at Island Lake Assisted Living Facility in conjunction with Complaint CCR #2013004425 on .

There were deficiencies found at the time of the visit pertaining to the CHOW.

**0078-Staffing Standards - Staff 58A-5.019(2) FAC**

Based on record review and interview the facility failed to ensure they had documentation of freedom from all communicable statement and statement and for 1 of 6 sampled staff (Staff B), within 6 months of hire.

**Findings:**

Review of personnel files revealed Staff B, date of hire , had no current documentation of freedom from all communicable statement including within 6 months of hire. The staff had documentation of freedom from communicable statement dated and a negative test dated .

Interview with the manager on at approximately 1 PM who stated she did not have the current test or freedom from communicable statement.

**Class III**

**0082-Training - 58A-5.019(3) FAC**

Based on record review and interview the facility failed to ensure 3 of 6 sampled (Staff A, B & C) completed a one-time education course on and , including the topics prescribed in the Section 381.0035, F.S. within 30 days of employment.

**Findings:**

Review of personnel files for Staff A hired on Staff B hired on and Staff C hired on revealed there was no documentation to indicate Staff A, B and C had completed an education course on within 30 days of employment.

Interview with the Executive Director on at approximately 1 PM who stated the staff did not have the required training.

**Class III**



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

2013

Administrator  
Chambrel At Island Lake  
160 Islander Court  
Longwood, FL 32750

Dear Administrator:

Re: Change of Ownership

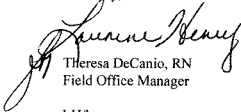
This letter reports the findings of a state licensure survey that was conducted on . 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after . 2013, to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,



Theresa DeCanio, RN  
Field Office Manager

LH/be  
Enclosure  
XG90

Headquarters  
2727 Mahan Drive  
Tallahassee, FL 32308  
<http://ahca.myflorida.com>



Orlando Field Office  
400 W. Robinson St., Suite S-309  
Orlando, FL 32801  
Phone (407) 420-2502; Fax (407) 245-0998