STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910115	07/10/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Chambrel At Island Lake	**160 Islander Court Longwood, FL 32750**	
SUMMARY STATEMENT OF DEFICIENCIES (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-5.0191(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 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-5.0191(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

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

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

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