STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968108	08/12/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
L & L Assisted Living Community Inc	4211 Chaires Cross Rd Tallahassee, FL 32317	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments
An unannounced follow up survey was conducted on at 4211 Chaires Cross Road, Tallahassee, Florida. The facility was not in compliance at the time of the survey.

Corrected Citation: 0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

0161-Records - Staff 58A-5.024(2) FAC
Based on staff record review and staff interview, the facility failed to provide documentation to verify freedom from communicable including for 2 of 5 staff records reviewed. (D and E)

The findings include:

On / and again on , the Assisted Living Facility was cited for its failure to ensure staff members had documentation, by a healthcare provider, to ensure they were free from communicable including .

On at approximately 9:40am staff record reviews were conducted for the five Staff Members employed at the facility, one of which was the Administrator/Owner. At that time an interview with the Administator/Owner was conducted. She indicated that the 2 Staff Members (D and E) had been removed from the schedule until they could bring in a statement from their physician or clinic documenting the required information.

Staff Member D, began employment at the facility on . Her last day she worked at the facility was on , this was confirmed with the Administrator/Owner. A review of her personnel record revealed a physician note that indicated a positive (skin test) and the results of a chest-x-ray indicating *no evidence of* ( ) *or* , but failed to indicate that the staff member was 'free from communicable including .'

Staff Member E, an "as needed" Licensed Practical Nurse, with an "offer of employment" letter in her personnel record, dated / , began work at the facility on . Staff member E last worked at the facility on /. This was confirmed with the Administrator. Staff member E's personnel record revealed a chest x-ray for a history of a

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positive (skin test), dated which was read as "unremarkable". There was no documented statement from a healthcare practitioner that Staff Member E was "free from communicable including ."

The Administrator/Owner was not able to ensure that Staff Member D or E would not work at the facility until the required documenation was provided.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
L & L Assisted Living Community Inc
4211 Chaires Cross Rd
Tallahassee, FL 32317

Dear Administrator:

This letter reports the findings of a **second** State Licensure Revisit Survey conducted on 12, 2013 by representative(s) of this office. Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2013.**

As a result of your ongoing non-compliance with tag A161, you must provide to this office either a staffing plan for your facility, which includes only staff who meet the requirements for employees of an assisted living facility, or the documentation for employees cited as not meeting the requirements for freedom from communicable . Please provide this documentation no later than 26.

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 me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure

YOSF

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