



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Leisure Manor ALF
301 South Main Avenue
Minneola, FL 34755

Dear Administrator:

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

Enclosed 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 this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure



AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/05/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910284	(X3) DATE SURVEY COMPLETED 10/10/2013
NAME OF PROVIDER OR SUPPLIER Leisure Manor Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 301 South Main Avenue Minneola, FL 34755	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
 St - A - L242 - 58a-5.029(3) Fac - Lmh - Responsibilities Of Facility S-S= D
 St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D
 St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D
 St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced standard biennial licensure survey, in conjunction with LMH and LNS licensure survey, was conducted on at Leisure Manor ALF, Minneola. Deficiencies were identified as a result of the survey. The facility was not in compliance with Chapter 429, Part I, 408 Part II, Florida Statutes, and 58A-5, Florida Administrative Code.

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on personnel record review and interview, the facility failed to ensure training requirements were current and complete for 3 of 4 employee records reviewed.

Findings:

Continuing education training on providing assistance with self administered medication and safe medication practices in an assisted living facility were not in the personnel records for employees A, B, and C.

An interview with employee C at 4:00 PM revealed she had taken the Assistance with Medication course but the form was not on the personnel record.

An interview with the administrator at 4:05 PM revealed she could locate no other training records, but they could be located an her other facility.

Class III

L242-LMH - Responsibilities of Facility 58A-5.029(3) FAC

Based on record review and interview, the facility failed to maintain a copy of the limited mental health community living support plan for five of five sampled residents in this care area.

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Findings:

A record review conducted on 10/10/2013, revealed that the facility did not maintain a copy of resident #s 1, 2, 3, 4, and 5's limited mental health community support plan. As such, the facility is not able to demonstrate it is assisting the residents in carrying out the activities listed in the plans. An interview was conducted with the owner on 10/10/2013. She acknowledged that the file did not contain the required documentation.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on personnel record review and interview the facility failed to ensure limited mental health training requirements were current and complete for 5 of 5 employee records reviewed.

Findings:

Education training for employees who interact with mental health residents in an assisted living facility were not in the personnel records for employees A, B, C, D, and E.

An interview with the administrator at 4:05 PM revealed she could not locate other training records, but she stated that they could be at her other facility.

Class III

N278-LNS - Records 58A-5.031(3) FAC

Based on interview and record review the facility failed to maintain a current log for LNS residents.

Findings:

On 10/10/2013 at 9:00 a request was made for the log of LNS residents in the facility. The Manager of the facility revealed the facility does not keep a separate log of the LNS residents.

Further interview with the Manager revealed an LNS book with a license of an expired RN license expired 2010 and a log of residents presented with incomplete information noted with information related to SN (skilled nursing), physical therapy with dates of discharge. The title of the forms were Admission/Discharge log and did not indicate Limited Nursing Services. The Manager stated the log was not current. The Manager stated she could update the information at that time to make it

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current.

An interview with the Administrator at 10:10 AM revealed she was a registered nurse and was on call to provide LNS services to the facility. She acknowledged the log was not current. She stated no residents were receiving LNS services. She stated if the resident needs LNS services she contacts the physician and gets an order for Home Health services. She only provides services for cuts and

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on record review and interview the facility failed to ensure background screens were current for 2 of 6 personnel records reviewed.

FINDINGS:

A review of the personnel record for employee A revealed the last background screen was dated 2005.

A review of the personnel record for employee B revealed the last background screen was dated

On at 4:05 PM an interview with the administrator revealed the employees did not have current background screenings. She further acknowledged the employees were employed as caregivers.

Unclassified