STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964811	02/17/2014
NAME OF PROVIDER OR SUPPLIER **Lexelle Assisted Living Facility, Inc**	STREET ADDRESS, CITY, STATE, ZIP CODE **66 Patric Drive Palm Coast, FL 32164**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= G

Specific Tag Findings:

0000-Initial Comments
A relicensure survey was conducted on .
Lexelle Assisted Living Facility had Licensure deficiencies found at the time of the visit.

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and staff interview the facility failed to ensure that one of four sampled employees whose records were reviewed (#2) was provided the required in-service training within 30 days of hire.

The findings include:

A record review of the personnel file for employee #2 was conducted during the biennial survey on . The personnel file revealed that employee #2 did not receive one hour each of in-service training within 30 days of hire for resident rights and recognizing and reporting resident , neglect and .

In an Interview with the Assistant Administrator on at 12:34 pm, she confirmed that she could not find the proof of trainings. She stated that she wasn ' t sure why they were not in the file because she was sure employee #2 had had the trainings.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and staff interview the facility failed to provide a living environment that was free from hazards by preventing resident access to a labeled exit door in the event of an emergency for five of five residents (#1, #2, #3, #4 and #5).

An unannounced biennial survey was conducted at 8:10 am on . Employee #3 came to door and could be heard inserting a key into the deadbolt and unlocking it prior to our entry. Observation of the inside of the door found it to be a key operated deadbolt. The key was not retained in the door after entry into the facility or at any time during the survey.

An interview with Employee #3 at 10:00 am found she kept the key for the front door deadbolt on her at all times. She confirmed that residents did not have access to that key.

An interview with the Assistant Administrator at 12:30 pm found staff was to keep the key on their person at all

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NAME OF PROVIDER OR SUPPLIER **Lexelle Assisted Living Facility, Inc**	STREET ADDRESS, CITY, STATE, ZIP CODE **66 Patric Drive** **Palm Coast, FL 32164**	
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times. She did not realize that without access to that key in the event of an emergency, residents could not exit that door without the key (door was clearly labeled as an exit). She acknowledged this provided a dangerous situation to the residents in the event of emergency, lack of availability, or incapacity of the staff.

Class II

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Lexelle Assisted Living Facility, Inc.
66 Patric Drive
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a biennial licensure inspection survey conducted on 2014, by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within **five business days** of receipt of this hand delivered report.

The inspection resulted in findings of non-compliance in the following areas:

St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= G

Directed Corrective Actions:
1. The Assisted Living Facilty is required to provide a living environment free from hazards by preventing resident access to labeled exit doors.

Your plan of correction must include the following:
1) Documentation of in-service training for all staff regarding emergency procedures and exiting.

2) Removal of any locking mechanisms on designated exits, in which the sole responsibiity for unlocking the exit door is placed with a single individual.

3) A written, detailed plan of how the facility will ensure the safety and well being of the residents regarding the access to exit doors in all situations.

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please call Catherine Anne Avery, Survey and Certification Support Branch, at (850) 412-4505.

Sincerely,

for
Robert E.Dickson
Field Office Manager
Divsion of Health Qualtiy Assurance

JD/RED/sm