AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Clobran Assisted Living Facility
3 Clear Place
Ocala, Florida 34476

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2014 by a representative 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 . 2014 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure

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

Alachua Field Office
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Alachua, FL 32615-5669
Phone (386) 462-6201; Fax (386) 418-5300

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966639	02/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Clobran Assisted Living Facility	**3 Clear Place Ocala, FL 34476**	
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 - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial re-licensure survey was conducted at Clobran Assisted Living on . 2014. Deficient practice was identified at the time of the survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure that three of four staff members submitted statements from a health-care provider indicating they were free from (staff B, C, and the administrator).

The findings include:

1. On , a review of staff B ' s employee record revealed staff B (hire date had not submitted a statement from a health-care provider stating she was free from .

2. On , a review of staff C ' s employee record revealed staff C (hire date, had not submitted a statement from a health-care provider stating she was free from .

3. On , a review of the owner/administrator ' s record revealed she had not obtained a statement from a health-care provider stating she was free from .

4. On at 5:30 PM, an interview was conducted with the administrator. She acknowledged that the required osis-free statements were never obtained and stated that she was unaware of this requirement.

Class III

L241-LMH - Records 58A-5.029(2) FAC
Based on record review and interview, the facility failed to ensure that three of three direct-care staff members received 3 hours of mental health continuing education biennially (staff A, B, and C).

The findings include:

1. On , a review of staff A ' s employee record revealed staff A (hire date, had not received 3 hours of mental health continuing education biennially.

2. On a review of staff B ' s employee record revealed staff B (hire date, had not

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received 3 hours of mental health continuing education biennially.

3. On , a review of staff C ' s employee record revealed staff C (hire date, had not received 3 hours of mental health continuing education biennially.

4. On at 5:30 PM, an interview was conducted with the administrator. She acknowledged that staff A, B, and C had not received the training.

Class III