STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968216	05/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ellas Place	313 Dolphin Way Kissimmee, FL 34759	
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 - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D

Specific Tag Findings:

Assisted Living Facility

A biennial state licensure survey was completed on .

a's Place, assisted living facility, had deficiencies at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview the facility failed to ensure 1 (A) of 2 reviewed employee had a document from a health care provider that stated he was free from symptoms of communicable .
The facility did not have evidence for employee A of a negative screening from a health care provider.

Findings include:

On at approximately 11:25 a.m. during a review of personnel records for employee A it was revealed the facility did not have documentation available for review concerning a statement from a health care provider that the employee was free from communicable including .

On at approximately 11:25a.m. during an interview with the facility manager it was stated that the administrator had the documentation and would faxed a copy to the agency. The documentation was not available for review.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on record review and interview the facility failed to ensure that 1 (B) of 2 employee's has completed the required core training requirements including passing the competency test with in three months of becoming the facility manager.

Findings include:

On at approximately 11:00a.m during review of staff files it was revealed employee B is the manager of the facility but has not taken the required CORE training.
During an interview on at approximately 11:30a.m. the manager stated she has not taken the training because she did not have any residents up to now. The manager planned to take the class as soon as possible.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Ellas Place
313 Dolphin Way
Kissimmee, FL 34759

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2014, 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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