STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953542	09/25/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cornerstone At Longwood (the)	480 East Church Avenue Longwood, FL 32750	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0086 - 58a-5.0191(9) Fac - Training - Adrd S-S= D

Specific Tag Findings:

0000-Initial Comments
The re-licensure survey was conducted in conjunctions with a revisit and complaint inspection #2014007622 on [redacted] and [redacted]. The Cornerstone at Longwood Assisted Living Facility had deficiencies found at the time of the visit.

0086-Training - ADRD 58A-5.0191(9) FAC
Based on personnel record review and interview the facility failed to have evidence 3 of 5 sampled staff (A, D and E) participated in 4 hours of continuing education annually, that was not previously received.

Findings:

Personnel record review for staff A revealed that she had received [redacted] Level 1 and 2 on [redacted]. Staff D had received the Level 1 and Level 2 on [redacted] and staff E had received the Level 1 and Level 2 on [redacted]. Further personal record review revealed that on [redacted] Staff A, [redacted] D and [redacted] E had again taken [redacted] Level 1 and 2, and had not participated in 4 hours of continuing education in courses that were not previous taken.

The administrator stated that each year the staff took other continuing education courses other than Level 1 and Level 2 and she did not have any evidence to confirm at the time of the survey.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Cornerstone At Longwood (the)
480 East Church Avenue
Longwood, FL 32750

RE: Biennial relicensure

Dear Administrator:

This letter reports the findings of a 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 after 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 Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

Enclosure
LH/be

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