RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Summers Assisted Living Facility
1225 S.W. Grandview Avenue
Lake City, FL 32025

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,

Kristen J. Mennella
Field Office Manager

KJM/amw
Enclosure
XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964911	**10/16/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Summers Assisted Living Facility	**1225 S.W. Grandview Avenue Lake City, FL 32025**	
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

Specific Tag Findings:

0000-Initial Comments

On unannounced monitoring survey was conducted at Sumers Assisted Living Facility in Lake City Florida. Deficient practice was identied identified at the time of the survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record reviews and interviews the facility failed to ensure that 1 of 4 staff members (Staff C) has documentation for a negative exam.

Findings:

On Staff C's employee record was reviewed. The record showeed Staff C had documentation in his record showing his last negative examination was conducted on

On at approximately 2:00 PM an interview was conducted with the Administrator. She stated Staff C has been working at the facility since He has only been working at the owners Agency for Persons with (APD) Home and thats why his was not current. When asked if he has been working with the residents in the assisted living home she stated yes.

Class III