STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968108	10/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
L & L Assisted Living Community Inc	4211 Chaires Cross Rd Tallahassee, FL 32317	
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 - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - E201 - 58a-5.030(2) Fac - Ecc - Policies S-S= D

0000 Initial Comments
On an unannounced ECC/monitoring survey was conducted at L and L Assited Living Facility. Deficiencies were cited.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on staff interview and employee record review the facility failed to maintain documentation of negative examinations for 2 of 3 (B, C) employees reviewed for testing results.

The findings are:

A review of the employee record for employee B revealed a test was last obtained .

A review of the employee C dated of hire revealed no testing had been obtained.

An interview was conducted with the administrator on at approximately 11:00 AM. She stated she was and thought the employees only had to have a communicable statement.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on staff interview and employee record review the facility failed to provide required inservice training for 3 of 3 (A, B, C) employees reviewed for the required training.

The findings are:

A review of the employee record for employee A date of hire revealed no proof that training had been provided within 30 days of hire for ADL (activities of daily living) and behaviors, , elopement, Incident reporting, resident rights, and , neglect and .

A review of the employee record for employee B date of hire revealed no proof that training had been provided within 30 days of hire for control and training.

A review of the employee record for employee C date of hire revealed no proof that training had

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been provided for ADL and behaviors and training..

An interview was conducted with the administrator on at approximately 11:00 AM. She stated all the employees have had the training but she was not able to provide proof of the training.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on staff interview and review of the employee records the facility failed to provide proof of training related to ( ) for 3 of 3 (A, B, C) employees reviewed for training requirements.

The findings are:

A review of the record for employee A date of hire revealed that no proof of training was provided.

A review of the record for employee B date of hire revealed that no proof of training was provided.

A review of the record for employee C date of hire revealed that no proof of training was provided.

An interview was conducted with the administrator on at approximately 11:00 AM. She stated all the employees have had the training but she was not able to provide proof of the training.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on staff interview and employee record review the facility failed to maintain staff records for 3 of 3 (A, B, C) employees reviewed for required training and background screening.

The findings are:

A review of the employee record for employee A date of hire revealed that no proof of background screening had been obtained. The employees file did not contain proof of the required education was provided within 30 days of hire such as ADL (activities of daily living) and behaviors, , elopement, incident reporting, resident rights, ( ) and , neglect and .

A review of the employee record for employee B date of hire revealed that no proof the required education was provided within 30 days of hire such as elopement, control, and training.

A review of the employee record for employee C date of hire revealed that no proof the required education was provided within 30 days of hire such as ADL and behaviors, control, and training.

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An interview was conducted with the administrator on at approximately 11:00 AM. She stated all the employees have had the training but she could not provide proof of the training.

Class III

E201-ECC - Policies 58A-5.030(2) FAC
Based of staff interview and review of the facility policy and procedure the facility failed to develop polices and procedures for ECC (Extended Congregate Care).

The findings are:

A review of the facilities current policy and procedure for ECC revealed the policy does not contain policies for aging in place, resident criteria for being admitted to ECC services, how the services will be provided, who will provide the services, or how long the services will be provided. There was no process for mediating conflicts among residents, no involvement of residents for decisions concerning the resident, and no indication of how residents will participate in making choices related to care and services.
The current policy was related to residents who would be receiving hospice services.

An interview was conducted on at approximately 11:00 AM. She stated she was told by her consultant that her policy and procedure was acceptable. When asked what services would be provided to ECC residents she stated they would be seen by the physician and a nurse would do an assessment. When asked what criteria was required for a resident to be admitted to ECC she stated if they had a or needed .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
L & L Assisted Living Community Inc
4211 Chaires Cross Rd
Tallahassee, FL 32317

Dear Administrator:

This letter reports the findings of a state licensure extended congregate care (ECC) monitoring survey that was conducted on , 2014 by representatives 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Patricia McGatlin, RPC
for Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

Tallahassee Field Office
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