

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966320	(X3) DATE SURVEY COMPLETED 09/25/2014
NAME OF PROVIDER OR SUPPLIER New Era Assisted Living	STREET ADDRESS, CITY, STATE, ZIP CODE 815 West Daughtery Rd Lakeland, FL 33809	
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

Assisted Living Facility

A limited nursing services (LNS) monitoring visit was conducted on

New Era Assisted Living had a deficiency 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 one (Employee "A") of four employee personnel files reviewed contained evidence of screening being performed on an annual basis.

Findings include:

Review of the personnel file for Employee "A" on revealed a screening for performed in 2012. The Assistant Administrator was asked to review the file to see if a more current test was conducted. The Assistant Administrator indicated in an interview at approximately 10:45 a.m. that she was not able to locate a more current screening for Employee "A" since the one in the file performed in 2012.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

-----, 2014

Administrator
New Era Assisted Living
815 West Daughtery Rd
Lakeland, FL 33809

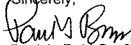
Dear Administrator:

This letter reports the findings of a limited nursing services (LNS) monitoring visit 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 deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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