STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964280	12/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Forest Lake Manor	252 Forest Lake Blvd Daytona Beach, FL 32119	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0054-Medication - Records-12/12/2014
0056-Medication - Labeling And Orders-12/12/2014
0162-Records - Resident-12/12/2014

Revisit Repeat Tags:
0008-Admissions - Health Assessment-58a-5.0181(2) Fac
0079-Staffing Standards - Levels-58a-5.019(3) Fac
0083-Training - First Aid And 5.0191(4) Fac

Specific Tag Findings:

0000-Initial Comments
An unannounced follow up survey was conducted at Forest Lake Manor on , 2014, following the Change of Ownership licensure survey conducted on , 2014. Forest Lake Manor had uncorrected deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on Health Assessment review and staff interview, the facility failed to ensure that a Health Assessment was complete for 1 of 3 sampled residents (Resident #19).

The findings include:

Resident #19 had a Health Assessment (Form 1823), dated Review of the assessment revealed that Page 4, Section 2-B, regarding medication management, was left blank.

During an interview with the Resident Care Director on at 1:10pm, she confirmed she had not reviewed the Health Assessment and it was not complete.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC
Based on employee record review, review of the facility schedules, and staff interview, the facility failed to maintain a work schedule that ensured the facility always had a staff member working in the facility at all times that was trained in First Aid and to ensure the safety of the 42 residents residing at the facility.

The findings include:

During an interview with the Administrator on at 10:28 a.m., he stated that the facility still had nurses covering the shifts from 7 a.m. to 11:00 p.m. He further stated the employees that now work 11:00 p.m. to 7:00 a.m. are Employee A, Employee J, Employee L, and Employee O. He provided work schedules for the nurses and

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the care givers.

Record review of the facility schedule for nurses for the period of , 2014 through , 2014 found the facility employs four nurses. On twenty four of those days, the facility had nurses scheduled to work from 6:00 a.m. until 9:00 p.m., and on two days, they were scheduled to work until 10:00 p.m. There was one day that the hours could not be determined, and five days during the period where a portion of the day had two nurses scheduled at the same time.

Review of the facility schedule for caregivers for the time period of , 2014 through , 2014 found the facility has four employees that share coverage for the 11:00 p.m. to 7:00 a.m. shift; with only one employee scheduled each shift.

The facility was asked to provide evidence of training for the four employees that work the 11:00 p.m. to 7:00 a.m. shift. The facility could not provide evidence that two nurses (Employee M and Employee N) received training in . The facility could not provide evidence that Employee A received training in First Aid; Employee J received training in and Employee L received training in First Aid training and training from an approved source.

During an interview with the Administrator on at 11:22 a.m., the findings were confirmed. He stated he was not aware the facility did not always have a nurse working from 9:00 p.m. until 11:00 p.m. He also could not provide acceptable evidence that Employees M and N received training in from an approved source, and acceptable evidence that Employee L had training in and First Aid from an approved source. He was asked about the First Aid training for Employee A and the training for Employee J, and he stated he thought the past Administrator took care of everything.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on employee record review, review of the facility schedules, and staff interview, the facility failed to ensure that one staff member working in the facility at all times was trained in First Aid for 2 out of 4 sampled employees (Employee A and L), and employees trained in for 4 or 4 sampled employees (Employees J, L, M, and N).

The findings include:

During an interview with the Administrator on at 10:28 a.m., he stated that the facility still has nurses covering the shifts from 7 a.m. to 11:00 p.m. He further stated the employees that currenlty work 11:00 p.m. to 7:00 a.m. are Employee A, Employee J, Employee L, and Employee O. He provided the work schedules for the nurses and the care givers.

Record review of the facility schedule for nurses for the period of , 2014 through , 2014

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Review of the facility schedule for caregivers for the time period of , 2014 through , 2014 found the facility has four employees that share coverage for the 11:00 p.m. to 7:00 a.m. shift; with only one employee scheduled for the shift.

The facility was asked to provide evidence of training for the four nurses on the schedule and evidence of the First Aid and training for the four employees that work the 11:00 p.m. to 7:00 a.m. shift.

The facility could not provide evidence that two nurses (Employee M and Employee N) received training in . The facility could not provide evidence Employee A received training in First Aid; Employee J received training in ; and Employee L received training in First Aid training and training from an approved source

During an interview with the Administrator on at 11:22 a.m., the findings were confirmed. He stated he was not aware the facility did not always have a nurse working from 9:00 p.m. until 11:00 p.m. He also could not provide acceptable evidence that Employees M and N received training in from an approved source, and acceptable evidence Employee L had training in and First Aid from an approved source. He was asked about the First Aid training for Employee A and the training for Employee J, and he stated he thought the past Administrator took care of everything.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Forest Lake Manor
252 Forest Lake Blvd
Daytona Beach, FL 32119

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2014, by representatives of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies identified during the revisit. The findings from the complaint survey revisit conducted on the same day will be sent under separate cover.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2015.**

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 contact this office at (904) 798-4201.

Sincerely,

Robert E. Dickson
Field Office Manager
Division of Health Quality Assurance

Enclosure

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