STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964523	12/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Spring Manor Assisted Living, Inc.	1780 NW 112th Terrace Coral Springs, FL 33071	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments:
An unannounced licensure complaint survey, CCR#2014009177 and 2014009110, was conducted on through and at Spring Manor Assisted Living, Inc. The facility had no deficiencies found at the time of the visit related to the licensure complaints. During the licensure complaint survey, the facility had unrelated deficiencies identified at the time of the visit.

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on record review and interview, the Administrator who supervises more than one facility failed to appoint in writing a separate manager for each facility who is not an administrator of any other facility.

The findings include:

A record review of the personnel file of Staff E reveals that his title is Manager and his date of hire is

During an interview conducted with the Administrator on at 11:15 AM, she stated that she is the Administrator of 2 assisted living facilities and that Staff E is the appointed Manager of this facility. She also confirmed that Staff E is the Administrator of 3 assisted living facilities in Broward county.

A review of the Florida Health Finder website revealed that the Administrator is listed as the Administrator of 1 other assisted living facility, and Staff E is listed as the Administrator at 3 other assisted living facilities in Broward county.

In a subsequent interview conducted with the Administrator on at 2:08 PM, she confirmed the findings and stated she was unaware that she needed to appoint a separate Manager for each facility who is not an Administrator at any other facility.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review , observation and interview, the facility failed to ensure 1 out of 6 (Staff C) newly hired staff submit a written statement from a health care provider within 30 days of hire, that was

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964523	**12/29/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Spring Manor Assisted Living, Inc.	**1780 NW 112th Terrace Coral Springs, FL 33071**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

based on an examination conducted within the last 6 months, documenting that the individual does not have any signs or symptoms of a communicable , the facility also failed to ensure 2 out of 6 (Staff A and Staff B) current staff member have evidence of an annual negative exam.

The findings include:

1) Review of Staff C's personnel record, a direct care aide whose date of hire was , revealed a statement from a health care provider dated , indicating that the Staff C is free of any signs or symptoms of a communicable However, it is more than 6 months prior to her hire date.

2) During record review on , it was noted that Staff A and Staff B did not have evidence of an annual negative exam. Staff A date of hire was documented as , last exam dated Staff B date of hire was documented as , last exam dated

Observations conducted on revealed Staff A assisting residents with self administration of medications, and assisting with personal care. Staff B was also observed assisting Resident #4 with personal care.

During an interview conducted on at 2:08 PM with the Administrator, she confirmed that Staff A, B and C are current staff members at the facility and provides direct care to residents, she reviewed the file and confirmed the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Spring Manor Assisted Living Inc
1780 NW 112 Terrace
Coral Springs, FL 33071

RE: CCR #2014009177 and #2014009110

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2014 through , 2014 and , 2014 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida