STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964811	02/02/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lexelle Assisted Living Facility, Inc	66 Patric Drive Palm Coast, FL 32164	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0161 - 429.275(2) Fs; 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
An off-year monitoring survey was conducted at Lexelle Assisted Living Facility on , 2015. Deficiencies were identified.

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on a review of resident records, and telephone interview with the Administrator, the facility failed to provide the required training 1 hour training in the facility's emergency procedures within 30 days of hire to 3 of 3 sampled employees (Employees A, B and C) whose files were reviewed.

The findings include:

A personnel file review conducted for Employee A found she was hired on as a Caregiver. There was no documentation that Employee A had received the required training in the facility's emergency procedures, including chain-of-command and staff roles relating to emergency evacuation.

A personnel file review conducted for Employee B found she was hired on as a Caregiver. There was no documentation that Employee B had received the required training in the facility's emergency procedures, including chain-of-command and staff roles relating to emergency evacuation.

A personnel file review conducted for Employee C found she was hired on as a Caregiver. There was no documentation that Employee C had received the required training in the facility's emergency procedures, including chain-of-command and staff roles relating to emergency evacuation.

A telephone interview was conducted with the Administrator, who had been unavailable on the day of survey, at 8:45 am on . She confirmed the findings for Employees A, B and C.

Class III

0161-Records - Staff 429.275(2) FS; 58A-5.024(2) FAC
Based on a review of employee files, and interview with the Administrator, the facility failed to maintain complete personnel records including documentation of compliance with all required staff training for 3 of 3 sampled employees (Employees A, B and C) whose files were reviewed.

The findings include:

A personnel file review conducted for Employee A found she was hired on as a Caregiver. There was no documentation that Employee A had received the required training in the facility's emergency procedures, including chain-of-command and staff roles relating to emergency evacuation.

A personnel file review conducted for Employee B found she was hired on as a Caregiver. There was no documentation that Employee B had received the required training in the facility's emergency procedures,

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including chain-of-command and staff roles relating to emergency evacuation.

A personnel file review conducted for Employee C found she was hired on [redacted] as a Caregiver. There was no documentation that Employee C had received the required training in the facility's emergency procedures, including chain-of-command and staff roles relating to emergency evacuation.

A telephone interview was conducted with the Administrator, who had been unavailable on the day of survey, at 8:45 am on [redacted]. She confirmed the findings for Employees A, B and C.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Lexelle Assisted Living Facility, Inc.
66 Patric Drive
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a state licensure off year monitoring visit that was conducted on , 2015 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 **03/05/2015** 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 .

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/JM/sm
Enclosure

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com