STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966804	01/26/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ledge Manor	12006 McIntosh Road Thonotosassa, FL 33592	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Two complaint surveys, CCR# 2014010900 & CCR# 2014011978, were conducted on 1/

The Ledge Manor, assisted living facility, had deficiencies at the time of the visit.

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based upon record review & staff interview, 1 (A) of 3 personnel records did not have documented evidence of having attended the following required training within 30 days of employment.

Findings include:

A review of the personnel record for staff A, a Resident Assistant hired on revealed no documented evidence on file of attending a 3 hour in-service training related to resident behavior & needs, and assisting residents with activities of daily living.

During interview with the facility staff responsible for maintaining personnel records (approximately 3pm) she verified this information was not in the personnel record.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based upon record review & interview the facility did not ensure that 2 of 3 staff (B & C) responsible for assisting residents with self-administered medications received the required training outlined in rule.

Findings include:

A review of the personnel records for staff B & C revealed that their training related to supervision and assistance with residents medications had only attended on-line courses for their initial 4 hour medication training and/or annual updates. The training was taken on-line from a web-site which was not approved with the agency in accordance with state requirements. The on-line web-site was a California based web-site.

During interview with the facility administrator & nurse at about 4:00pm it was expressed that they were under the impression that this on-line training was adequate.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Ledge Manor
12006 McIntosh Road
Thonotosassa, FL 33592

RE: CCR# 2014010900 & CCR# 2014011978

Dear Administrator:

This letter reports the findings of two complaint surveys that were conducted on , 2015, by representative(s) 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 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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
for Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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