RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Lake Harris Inn
701 Lake Port Boulevard
Leesburg, FL 34748

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by representative(s) of this office.

Enclosed 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 , **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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

for
Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910281	01/22/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lake Harris Inn	701 Lake Port Boulevard Leesburg, FL 34748	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D

Specific Tag Findings:

0000-Initial Comments

On unannounced Change of Ownership survey was conducted at Lake Harris Inn assisted Living Facility in Leesburg Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record reviews and interviews the facility failed to have obtain omitted information from health assessments for 2 of 2 residents reviewed (resident #1 and #8).

Findings:

A record review was conducted on resident #1's facility records. A review of Resident #1's Health assessment form (AHCA 1823) revealed the assessments were not completed as required. Resident #1 was missing the required comments for activities of daily living (ADL's) and self care task. Resident #1's health basement did not have information regarding level of assistance required (medication assistance/administration).

A record review was conducted on resident #8's facility records. A review of resident #8's health assessment (AHCA form 1823) was missing the required comments for ADL's and self care tasks.

On at approximately 4:35 PM an interview was conducted with the Wellness Director concerning the missing information from resident #1 and resident #8 1823 health assessment. She reviewed the assessments and agreed the required information was missing.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on record reviews and interviews the facility failed to have Training Documentation as required for 3 of 3 staff members (staff A, B and C).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910281	**01/22/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lake Harris Inn	**701 Lake Port Boulevard Leesburg, FL 34748**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Findings:

On [redacted] a record review was conducted on training documentation for direct care staff members A, B and C. It was observed that the facility did not have training certificates which contained the hours of the training or the trainers name with dated signature of the trainer.

On [redacted] at approximately 10:27 AM an interview was conducted with the facility's Education Coordinator. She stated the only certificates of training that are provided to the staff are the ones at orientation and they do not keep a copy of that certificate. The rest of the training is conducted on the computer and the certificates are on the old system they used and not available. She stated she has some certificates from the new system and she has sign in sheets from when the staff took the training.

Class III