STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911297	**04/23/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
LAKEVIEW MANOR ASSISTED LIVING FACILITY, INC	**5357 BROSCHE ROAD ORLANDO, FL 32807**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

The biennial re-licensure survey was conducted on [redacted]. Lakeview Manor ALF had deficiencies found at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on record review and interview the facility failed to ensure unlicensed staff were only providing assistance with self-administration of medication and not providing services requiring a nursing license. Unlicensed staff assisted with [redacted] treatments for 1 of 2 sampled residents (#8).

Findings:

A record review for resident #8 record showed the resident had a physician order for [redacted] treatments, of the medication of Ipratropiur [redacted] by a [redacted] applicator [redacted] twice a day.

An interview was conducted with the assistant administrator on [redacted] at 1:54 PM, who stated that the resident is unable to perform her [redacted] treatments in any way. The resident is not able to put the medication into the [redacted], connect the tubing to the [redacted], or to use the [redacted] on her own.

The assistant administrator confirmed that she puts the medication into the [redacted] and holds the [redacted] in place for the resident. The assistant administrator further confirmed she is not a nurse.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on staff record review and interview the facility failed to ensure that an employment application was on file for 1 of 3 sampled employee records (Employee D), a Resident Care Assistant (RCA) who provides direct care to residents.

Findings:

A record review of the employees personnel file showed that it did not contain an employment application.

An interview was conducted with the administrator on [redacted] at 1:54 PM and she confirmed that employee D's job application was not in her personnel file. The administrator further stated that the employee's job application could not be located.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

Administrator
Lakeview Manor Assisted Living Facility, Inc
5357 Brosche Road
Orlando, FL 32807

RE: Biennial relicensure

Dear Administrator:

This letter reports the findings of a state licensure survey that was 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 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 surveyor(s). Should you have any questions please call Lorraine Henry at . . . . . .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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