STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911132	04/23/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
OCEAN VIEW MANOR	624 S ATLANTIC AVENUE DAYTONA BEACH, FL 32118	

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

0000 - Initial Comments

On an unannounced complaint investigation (2015-004005) was conducted at Ocean View Manor. Deficient practice was found during the investigation.

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview the facility failed to ensure that 1 out of 3 sampled staff members who are in direct contact with the limited mental health (LMH) resident's complete the required 6 hours of LMH training within 6 months of employment.

The findings included:

A record review of Staff C personnel record was completed on
The personnel record revealed that Staff C didn't have documentation that showed that he completed the mandatory 6 hours of Limited Mental Training within 6 months of employment.

In addition, record review revealed that Staff C Date of hire at the facility was

In an interview conducted with the administrator on at 3:50p.m.,she stated that couldn't find the documentation that Staff C had taken the LMH training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Ocean View Manor
624 S Atlantic Avenue
Daytona Beach, FL 32118

RE: CCR #2015004005

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 23, 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 **06/01/2015** 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

VS/JM/sm
Enclosure

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