RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Heidis Haven Lasalida
1215 Lasalida Way
Leesburg, FL 34748

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by a representative 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 (386) 462-6201.

Sincerely,

for
Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967846	07/23/2015
NAME OF PROVIDER OR SUPPLIER **HEIDIS HAVEN LASALIDA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1215 LASALIDA WAY** **LEESBURG, FL 34748**	

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

0000 Initial Comments

A Change of Ownership and capacity increase survey was conducted at Heidi's Haven Lasalida, an assisted living facility on . Deficient practice was identified at the time of the survey.

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure that there was documented evidence of a statement for freedom from sign and symptoms of communicable and evidence of a negative exam in 1 (Staff D) of 4 staff records reviewed.
Findings:
A review of the Administrator's (Staff D) personnel record revealed Staff D was hired on .
Further review of the record revealed there was no written statement stating that she was free of communicable . Further review revealed that there was no evidence of a negative exam.
An interview was conducted with the Administrator on at 2:34 PM. She confirmed that there is no evidence of these documents on file at the facility.

Class III

0081 Training - Staff In-Service

Based on interview and record review, the facility failed to provide in-service training for Recognizing/Reporting , Neglect and within 30 days of hire for 1 (Staff C) of 4 staff records reviewed.
Findings:
A review of Staff C's personnel record revealed Staff C was hired on . Further review of the record revealed there is no training documented for Recognizing/Reporting , Neglect and for Staff C.
An interview was conducted with the Administrator on at 3:00 PM. She confirmed there was no record of the training for Staff C.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on observation, interview and record review, the facility failed to ensure that assistance with the self-administration of was completed by qualified staff who completed training in accordance with

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Section 429.52(6) of the Florida Statue for 1 (Resident #1) of 1 resident reviewed.
Findings:
On at 11:25 AM, a Certified Nursing Assistant (CNA) was observed assisting with the self-administration of medications for Resident #1. The CNA dialed the Flexpen to 22 Units for Resident #1. The CNA told Resident #1 that the dial read 22 units. She handed the pen to Resident #1 and then Resident #1 injected the into her stomach.
An interview was conducted with the CNA on at 11:45 AM. She stated Resident #1 could not see the numbers on the Flexpen "so we dial it for her." She stated that she had been doing this for a while now.
An interview was conducted with the Administrator on at 11:13 AM. She confirmed that the staff has been dialing the Flexpen to the required dose for both morning and afternoon medication times. She further stated that the staff had not received the additional training required for assisting residents with the self-administration of injections.

A review of Staff A's personnel record revealed Staff A was hired on She received the initial 4 hours of training for assisting residents with the self-administration of medication on 01 There was no documentation of additional training for assisting residents with the self-administration of injection.

Class III

Z815 Background Screening: Prohibited Offenses

Based on interview and record review, the facility failed to conduct a Level II background screening on staff after a break in service greater than 90 days for 1 (Staff A) of 4 staff members that provide personal care and services to residents.
Findings:
A review of the personnel record for Staff A showed that she was hired by the facility on as a Certified Nursing Assistant (CNA). A review of Staff A's application revealed Staff A was previously employed as a CNA from to Further review of the record showed documentation that the Level II background screening had eligibility dates of 14 months prior to date of employment with the facility.

An interview was conducted with the Administrator on at 3:30 PM. She confirmed that the Level II background screening date was She further stated that she did not realize that a new Level II screening was not done when Staff A was hired.

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Unclassified