RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Lakeshore Manor, LLC
960 West Lakeshore Drive
Clermont, FL 34711

RE: CCR #2015008368

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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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,

Kristie J. Mehnella
Field Office Manager

KJM/amw
Enclosure

XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968671	09/01/2015
NAME OF PROVIDER OR SUPPLIER **LAKESHORE MANOR, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **960 W LAKESHORE DR** **CLERMONT, FL 34711**	

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

0000 Initial Comments

An unannounced complaint survey for CCR #2015008368 was conducted on , 1, 2015 at Lakeshore Manor Assisted Living Facility, 960 W. Lakeshore Drive, Clermont, FL. The facility was not in compliance during the visit. Deficient practice was found during the visit.

0026 Resident Care - Social & Leisure Activities

Based on observation and interview, the facility failed to ensure that there was a current, up-to-date, activities schedule, and the facility failed to ensure that activities were conducted for at least 12 hours per week for 4 of 4 residents (Residents #1, #2, #4, #5).

Findings:

An observation was conducted on , 2015 at 9:44 AM of the facility Activities Schedule posted on wall, which was dated 2015.

An interview was conducted on , 2015 at 9:44 AM with Staff A. She stated she would have to ask the Administrator if there is a 2015 Activities schedule. She called her and then told the surveyor that the Administrator said the 2015 Activities Schedule is in the computer.

An interview was conducted on , 2015 at 9:50 AM with Resident #2. She stated they have activities, but she was unable to say what activities, she then said football. She stated once in a while, they play cards or games.

An interview was conducted on , 2015 at 9:58 AM with the Administrator. She stated the Activities Schedule has not been updated since 2015. She stated the residents like manicures and pedicures, the residents don't like to play Bingo. She stated she provides 12 hours per week of activities, they do exercises in the mornings.

An interview was conducted on , 2015 at 10:02 AM with Resident #4. She stated it's alright living here, but not much to do here. They do not do too many activities here, she just crochets. She stated would like to be more active, they don't have nothing here. She does not get to go out and do anything.

An interview was conducted on 1, 2015 at 10:17 AM with Resident #5. She stated she thinks it 's good living here, they are very good to her. She stated they have activities, sometimes they go walking, she then stated "I don't know." They have activities almost every day, but sometimes the

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SUMMARY STATEMENT OF DEFICIENCIES
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weather is bad.

An observation was conducted on , 2015 from 9:20 AM to 12:45 PM, during the course of the survey, of no resident activities occurring at the facility.

Class III