AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910204	09/23/2015
NAME OF PROVIDER OR SUPPLIER **VILLAS AT LAKESIDE OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1059 VIRGINIA STREET** **DUNEDIN, FL 34698**	

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

0000 Initial Comments

Assisted Living Facility

An Abbreviated Biennial Licensure Survey with Extended Congregate Care (ECC) was conducted on

The Villas at Lakeside Oaks Assisted Living Facility had deficiencies found at the time of the visit.

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have personal files which contained documents from a healthcare provider stating newly hired staff was free from any or symptoms of communicable for 4 (#A,B,C,D) of 4 direct care staff sampled for communicable statements. Also the facility failed to have personal files which contained annual tests for 3 (#A,C,D) of 4 direct care staff sampled for

Findings include

Record Review of staff #A personal file on revealed there was no documentation which stated staff #A had a statement from a healthcare provider stating she was free of any signs or symptoms of communicable . Staff #A did not have any documentation in her personal file which stated she had been tested for annually. Staff #A date of hire was and she had 30 days to have the statement placed in her file.

Record Review of staff #B personnel file on revealed there was no documentation which stated staff #B had a statement from a healthcare provider stating he was free of any signs or symptoms of communicable . Staff #B date of hire was and he had 30 days to have the statement placed in his file.

Record Review of staff #C personnel file on revealed there was no documentation which stated staff #A had a statement from a healthcare provider stating she was free of any signs or symptoms of communicable . Staff #C did not have any documentation in her personal file which stated she had been tested for annually. Staff #C date of hire was and she had 30 days to have the statement placed in her file.

Record Review of staff #D personnel file on revealed there was no documentation which stated

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staff #A had a statement from a healthcare provider stating she was free of any signs or symptoms of communicable [redacted]. Staff #D did not have any documentation in her personal file which stated she had been tested for [redacted] annually. Staff #D date of hire was / and she had 30 days to have the statement placed in her file.

When interviewed on at 2:00pm the administrator stated that the documentation was not in the personnel files of staff #A,B,C,D.

Class III

0081 Training - Staff In-Service

Assisted Living Facility

Based on record review and Interview the facility failed to proivide the following minimum 1 hour in-service training within 30 days of employment that covers the following subjects safe food handling practices and providing assistance with the activities of daily living and resident behavior and needs.

Findings include

Record review on staff #B personnel file revealed the following in-services were missing: safe food handling practices and providing assistance with the activities of daily living and resident behavior and needs. Staff #B was hired on / .

Record review on staff #C personnel file revealed the following in-services were missing: safe food handling practices and providing assistance with the activities of daily living and resident behavior and needs. Staff #C was hired on .

Record review on staff #D personnel file revealed the following in-services were missing: safe food handling practices and providing assistance with the activities of daily living and resident behavior and needs. Staff #D was hired on / .

When interviewed on at 2:05pm the administrator stated the documentation was not in the personnel files of staff #B,C,D.

AGENCY FOR HEALTH CARE ADMINISTRATION

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

Administrator
Villas At Lakeside Oaks
1059 Virginia Street
Dunedin, FL 34698

Dear Administrator:

This letter reports the findings of a abbreviated biennial state licensure survey with extended congregate care (ECC) that was conducted on [redacted], 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. **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 [redacted], 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(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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