AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965361	**09/21/2015**
NAME OF PROVIDER OR SUPPLIER **EAST LAKE MANOR, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **722 EAST LAKE ROAD TARPON SPRINGS, FL 34688**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

An Abbreviated Survey- Re-Licensure was conducted on /.

East Lake Manor, Inc., assisted living facility, had deficiencies found at the time of the visit.

0078 Staffing Standards - Staff

Based on interview and record review, the facility failed to ensure that there was proof of an annual, negative examination for 3 (Staff A, Staff B, and Staff C) of 3 employee records reviewed. Additionally, the facility failed to ensure that staff submitted a written statement from a health care provider within 30 days after beginning employment documenting that the individual does not have any signs or symptoms of communicable for 1(Staff B) of 3 employee records reviewed.
Findings Include:
A review of employee records was conducted on /. It was discovered during this review that Staff A ' s employee record contained proof of an annual, negative examination (examination) dated . There was no evidence of an updated examination. Facility records indicate Staff A ' s date of hire as /.
Staff A was interviewed at 1:50 P.M. and was asked to show proof of a current examination. Staff A was unable to locate it and stated that he will get a statement tomorrow. An interview with the co-administrator took place at 2:01 P.M. and she stated that she was unable to find a current examination for Staff A.

During a review of Staff C ' s employee record on / it was discovered that the last examination on file was dated . Facility records indicate Staff C ' s date of hire as /.

An interview took place with the co-administrator at approximately 3:20 P.M. on /. The co-administrator was asked for proof of a current examination for Staff C. After reviewing Staff C ' s employee record, she stated that she doesn ' t see it.

A review of Staff B ' s employee record was conducted on /. It was discovered that Staff B ' s file did not contain proof of a examination or a written statement from a health care provider within 30 days after beginning employment documenting that the individual does not have any signs or symptoms of communicable (Communicable Statement). Staff B ' s employee record shows a date of hire of .

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

An interview took place with the co-administrator on / at approximately 3:20 P.M. and she was asked to show proof of a examination and Communicable Statement for Staff B. The co-administrator reviewed Staff B ' s employee record and stated that she did not see it.

Class III

0081 Trainina - Staff In-Service

Based on interview and record review, the facility failed to show proof of required control training for staff who provide direct care to residents for 1 (Staff B) of 3 employee records reviewed.
Findings Include:
An employee record review was conducted on / and it was discovered that Staff B ' s record did not contain proof of required control training. Staff B provides direct care to residents and her record indicates a date of hire as .
An interview with the co-administrator took place at 3:18 P.M. on / . The co-administrator was asked to show proof of control training for Staff B. The co-administrator reviewed Staff B ' s record and stated that she did not see it.

Class III

0082 Trainina -

Based on interview and record review, the facility failed to show proof of required /Acquired Deficiency (/) training within 30 days of employment for 1(Staff B) of 3 employee records reviewed.
Findings include:
An employee record review was conducted on / and it was discovered that Staff B ' s record did not contain proof of required training. Staff B ' s record indicates a date of hire as / .

An interview with the co-administrator took place at 3:18 P.M. on / . The co-administrator was asked to show proof of training for Staff B. The co-administrator reviewed Staff B ' s record and stated that she did not see it.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September [illegible], 2015

Administrator
East Lake Manor, Inc.
722 East Lake Road
Tarpon Springs, FL 34688

Dear Administrator:

This letter reports the findings of a abbreviated biennial state licensure survey that was conducted on [illegible], 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 [illegible], 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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