RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

Administrator
Leisure Manor ALF
301 South Main Avenue
Minneola, FL 34755

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted], 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 [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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910284	10/08/2015
NAME OF PROVIDER OR SUPPLIER **LEISURE MANOR ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **301 SOUTH MAIN AVENUE** **MINNEOLA, FL 34755**	

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

0000 Initial Comments

On , 2015 through , 2015 a biennial re-licensure survey was conducted at Leisure Manor in Minneola, Florida. Deficient practice was identified during the survey.

0081 Training - Staff In-Service

Based on record reviews and interviews the facility failed to ensure that 2 of 3 direct care staff members had Resident Rights Training documentation for staff A & C.

Findings:

On during a record review of training records for direct care staff A, who was hired , it was observed that staff A did not have documentation showing she had received Resident Rights Training as required.

On during a record review of training records for direct care staff C, who was hired , it was observed that staff C did not have documentation showing she had received Resident Rights Training as required.

On at approximately 10:21 AM an interview was conducted with the Administrator regarding the missing training documentation for staff A & C. She stated she thought certified nursing assistants were exempt from Resident Rights Training.

Class III

0083 Training - First Aid and

Based on record reviews and interviews the facility failed to ensure that 2 of 3 direct care staff members had and First Aid training as required for staff A and C.

Findings:

On a record review was conducted on staff A who was hired . It was observed that staff member had no training documentation for First Aid and she had a certificate from an online source only.

On a record review was conducted on staff C who was hired . It was observed that

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SUMMARY STATEMENT OF DEFICIENCIES
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she did not have training documentation for First Aid or .

On at approximately 2:15 PM an interview was conducted with the Administrator in reference to the missing First Aid and documentation. She stated that staff A did only the online course. The training was not hands-on. It was strictly Internet based. She stated that staff do work by themselves and she was not sure why staff C did not have her First Aid and documentation, she thought she had it when she was hired from a previous job.

Class III

0090 Trainina -

Based on record reviews and interviews the facility failed to have documentation showing that 3 of 3 direct care staff members had received Training (DRNO) as required for staff A, B, & C.

Findings:

On a record review was conducted on direct care staff members for training. It was observed that staff A, who was hired , did not have training documentation in her records. It was observed that direct care staff B, who was hired / , did not have training in her records. It was observed that staff C, who was hired , did not have training documentation in her record.

On at approximately 10:09 AM an interview was conducted with lead staff member D in reference to the missing documentation. She stated she could not find any other training records to show that staff A, B, and C had received the required training.

Class III