STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943031	11/25/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT MANOR	6929 DURANT ROAD PLANT CITY, FL 33567

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

0000 Initial Comments

ASSISTED LIVING FACILITY

A biennial relicensure survey with Limited Mental Health (LMH) was conducted at Pleasant Manor ALF, Inc. on ./ / .

Pleasant Manor ALF, Inc. had deficiencies identified during the survey.

0078 Staffing Standards - Staff

Based on interview and record review, the facility failed to show proof of documentation of an annual, [illegible] examination for 1 (Manager) of 4 employee records reviewed.

Findings included:

A review of employee records conducted on ./ / showed the most recent documentation for an annual, [illegible] examination (Test) for the Manager with a date of ./ / .

An interview was conducted with the Manager at approximately 4:00 PM and he acknowledged that there was no current Test documentation on file.

Class III

0167 Resident Contracts

Based on interview and record review, the facility failed to provide resident contracts that contained a provision stating that at least 30 days written notice will be given before any rate increases will be given (30 Days Written Notice) for 2 (Resident #4 and #7) of 2 resident records reviewed.

Findings included:

A review of resident records on ./ / showed a lack of a required 30 Days Written Notice in the residency contracts observed.

The Manager was interviewed at 4:00 PM and was asked to show where the 30 Days Written Notice was contained in Resident #4 ' s and #7 ' s residency contracts. The Manager reviewed the contracts and stated that he didn ' t see it.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

L243 LMH - Training

Based on interview and record review, the facility failed to show proof of a minimum of 3 hours of biennial continuing education (Continuing Education), required in facilities with a Limited Mental Health (LMH) license, in topics concerning mental health for 2 (Manager and Staff A) of 4 employee records reviewed.

Findings included:

A review of the Manager ' s employee record showed a training certificate for 6 hours of LMH training dated . There was no training certificate for Continuing Education present in the Manager ' s file.

A review of Staff A ' s employee record showed a training certificate for 6 hours of LMH training dated . There was no training certificate for Continuing Education present in Staff A ' s file.

The Manager was interviewed concerning the lack of documentation for Continuing Education in his file as well as Staff A ' s file. The Manager stated that he was told by someone else that the Continuing Education was not needed.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

Administrator
Pleasant Manor
6929 Durant Road
Plant City, FL 33567

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited mental Health (LMH) 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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com