AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942773	12/14/2015
NAME OF PROVIDER OR SUPPLIER **LAKE WIRE RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **315 WEST PEACHTREE STREET LAKELAND, FL 33815**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

A Biennial Re-licensure with Limited Mental Health Services (LMH) survey was conducted on The Lake Wire Retirement Center assisted living facility had deficiencies at the time of the visit.

0093 Food Service - Dietary Standards

Based on observations and interviews, the facility failed to offer snacks to residents at least once per day.

Seven (7) resident interviews were conducted and all of them stated that the facility does not offer snacks to them on a daily basis. They stated that snacks are only offered during a special activity. They do not have unlimited access to the kitchen at all times.

An interview was conducted with the Administrator at 2:00 P.M. She stated that they do not offer the residents snacks at least one time a day, but that they do offer cookies during certain activities.

CLASS III

L243 LMH - Training

Based on interview and record reviews, the facility failed to ensure that 2 of 3 staff and the Administrator received 3 hours of continuing education biennially in subjects dealing Mental Health.

Findings included:

An interview with the Administrator was conducted at 2:30 P.M. and she stated that she was not aware of the need for continuing education in subjects related to Mental Health for a facility with a Limited Mental Health license. She stated that she and her staff have not received training in these areas biennially.

A review of facility personnel files revealed that 2 of 3 staff who have been employed for more than 2 years had not received biennial continuing education in Mental Health. (Staff B hired / and Staff C hired ./98).

CLASS III

AGENCY FOR HEALTH CARE ADMINISTRATION

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December [illegible], 2015

Administrator
Lake Wire Retirement Center
315 West Peachtree Street
Lakeland, FL 33815

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited mental health (LMH) that was conducted on , 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 , 2016.** 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 Reed Caufman
Field Office Manager

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

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