RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Pleasantville, Alf
609 Oak Avenue
Mount Dora, FL 32757

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representative(s) 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 , 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 Chuck Bory at 386-462-6201.

Sincerely,

Charles Bory

Kriste J. Mennella
Field Office Manager

KJM/CB
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
	AL11922282	12/16/2015
NAME OF PROVIDER OR SUPPLIER **PLEASANTVILLE, ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **609 OAK AVENUE** **MOUNT DORA, FL 32757**	

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

0000 Initial Comments

On , 2015 a Biennial Survey was conducted at Pleasantville Assisted Living Facility. Deficiences were observed, the facility was not incompliance at this time.

0008 Admissions - Health Assessment

Based on record reviews and interviews the facility failed to obtain missing information for 1 of 2 residents (Resident #8) Resident Health Assessment (AHCA Form 1823).

Findings:

On a record review was conducted on resident #8 who is on hospice. It was observed that her 1823 health assessment dated / was missing the required comments for assistance with activities of daily living.

On at approximately 4:00 PM an interview was conducted with the Administrator regarding the missing comments from resident #8 1823 health assessment which states she needs assistance with activities of daily living. The Administrator stated she thought the doctor was responsible for writing the comments for ADL's. She was asked if she notified the doctor that he left them off and she stated no.

Class III

0081 Training - Staff In-Service

Based on record reviews and interviews the facility failed to provide all in-service training as required for 2 of 3 staff members reviewed, for staff B & C.

Findings:

On a record review was conducted on staff B who was hired / . It was observed she had no documentation showing she had received elopement response training, emergency response and evacuation training, or safe food training.

On a record review was conducted on staff C who was hired . It was observed that she had no control training documentation in her record.

On at approximately 3:15 PM the Administrator was asked to provide the above training

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documentation for staff B and C. She stated she cannot find the training documentation and she needs to conduct the training with the two staff members.

Class III

0090 Training -

Based on record reviews and interviews the facility failed to provide ( ) training for 1 of 3 staff members for staff B.

Findings:

On during a record review of staff B training, who was hired / / , it was observed she did not have training documentation.

On at approximately 3:15 PM the administrator was asked to provide the training documentation for staff B training. She stated she could not find the training documentation and she needed to conduct training with the staff B.

Class III

L243 LMH - Training

Based on record reviews and interviews the facility failed to provide 6 hours of specialized training in working with individuals with mental health diagnoses within 6 months of employment for 2 of 3 staff members for staff B & C.

Findings:

On a record review was conducted on staff B who was hired / . It was observed that she had no documentation in her training records showing she had received the 6 hours of specialized training working with individuals with a mental health diagnosis.

On a record review was conducted on staff C who was hired . It was observed that she had no documentation in her training records showing she had received the 6 hours of specialized training working with individuals with a mental health diagnosis.

On at approximately 12:11 PM an interview was conducted with the Administrator regarding

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the her keeping the facilities limited health license (LMH). She stated she is keeping the LMH portion of the facility's license. She was asked if she had the 6 hr training documentation for staff B & C, which she stated no she still has got to do it.

Class III