RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Indian Shore Manor, LLC
1611 Indian Shore Drive
Clermont, FL 34711

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 , 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure
XG90

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
	AL11968587	01/13/2016
NAME OF PROVIDER OR SUPPLIER **INDIAN SHORE MANOR, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1611 INDIAN SHORE DR** **CLERMONT, FL 34711**	

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

0000 Initial Comments

On , 2016 a biennial licensure survey was conducted at Indian Shore Manor Assisted Living Facility. Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to ensure the 1823 Admission Health Assessment had the completed required information for activities of daily living and self-care for 2 of 2 residents' records review, Residents #1, and #2.

Findings:

Record review of Resident #1's 1823 Admission Health Assessment showed dated for activities of daily living the Resident needed assistance with ambulation, bathing, dressing, and transferring. The Resident needed supervision with self care and toileting. The form did not show the extent of assistance and supervision needed. The form further showed for the ability to perform self-care tasks the Resident needed assistance with preparing meals, shopping, making phone calls, handling personal and financial affairs. The form did not indicate the extent of assistance needed.

Record review of Resident #2's 1823 Admission Health Assessment showed dated for activities of daily living the Resident needed assistance with bathing and supervision with ambulation, dressing, and transferring. The form did not show the extent of assistance and supervision needed. The form further showed for the ability to perform self-care tasks the Resident needed supervision with preparing meals, shopping, handling personal and financial affairs. The form did not indicate the extent of supervision needed.

An interview was conducted on / at 12:31 PM with the Administrator and she stated I accept my 1823s even when it is not indicated the extent of supervision or assistance needed. No one ever told me the information needed to be completed. When the instructions on the form were reviewed the Administrator stated she was not aware of the instructions, and further stated " I know the responsibility to make sure the form is complete is up to me. "
Class III

0081 Training - Staff In-Service

Based on record review and interview the facility failed to ensure a minimum of one hour in-service training was provided for 3 of 3 personnel records reviewed, Staff A, B, and C. The facility further failed

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to ensure the time length for in-service training in control was documented for 3 of 3 personnel records reviewed, Staff A, B, and C.

Findings:

Record review of Staff A, Medication Technician's (MT) personnel record showed the employee's hire date was .

Record review of Staff A's in-service training showed dated Reporting Major/Adverse Incidents and Facility Emergency Procedures - 1 hour: Resident Rights and /Neglect/ - 1 hour, Control (no time length documented), Elopement and - 1 hour.

Record review of Staff B, MT's personnel record showed the employee's hire date was /.

Record review of Staff B's in-service training showed dated Reporting Major/Adverse Incidents and Facility Emergency Procedures - 1 hour, Resident Rights and /Neglect/ - 1 hour, Control (no time length documented), Elopement and - 1 hour.

Record review of Staff C, MT's personnel record showed the employee's hire date was .

Record review of Staff C's in-service training showed dated / Reporting Major/Adverse Incidents and Facility Emergency Procedures - 1 hour: Resident Rights and /Neglect/ - 1 hour, Control (no time length documented), Elopement and - 1 hour.

An interview was conducted on / at 2:12 PM with the Administrator and she stated the training was done. It was reviewed with the Administrator the minimum in-service training for Reporting Major/Adverse Incidents, Facility Emergency Procedures, Resident Rights/ / Neglect/ , Control, Elopement, and was one hour each. The certificate of completion showed there was no length of time documented for control, and the other courses showed a length of 30 minutes each. The Administrator stated she felt that she had completed the required training. There was a total of 10 hours of in-service training provided. The Certificate of Completion was reviewed with the Administrator and showed the certificate also documented as part of the ten hours Resident Behavior and Needs/Assistance with Activities of Daily Living 3 hours, Universal Precaution and Facility Sanitation procedures 1 hours, Food Safety Food Handling 1 hour and / 2 hours. The Administrator stated she would provide the needed training

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Class III

0162 Records - Resident

Based on record review, observation, and interview the facility failed to ensure an order for a change in therapeutic diet was in the resident record for 1 of 2 records reviewed, Resident #1.
Findings:
Record review of the 1823 Admission Health Assessment for Resident #1 showed dated regular diet with nectar thick liquids.
An observation was conducted on / at 12:28 PM of the Resident and it showed the Resident was served ice water, and ice tea. The fluids were not thickened.
An interview was conducted on / at 12:31 PM with the Administrator and she stated the doctor gave me an order to change her liquids to thin liquids. I know I didn't write the order, but the doctor did change it. Resident #1 complained that she did not like the thickened liquids so I did discuss it with her doctor and it was changed.
An interview was conducted on / at 1:26 PM with the Resident and she stated I wasn't aware that I was to have thickened liquids.
An interview was conducted on / at 3:44 PM with the Resident's attending physician and he stated I reviewed the Resident's record and it showed on / there was a swallowing study done for the Resident and she had no swallowing difficulties. At that time her diet was a regular diet and an order was written for thin liquids. This information was provided to the facility.

Class III