RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[illegible], 2016

Administrator
Lakeshore Manor, Llc
960 West Lakeshore Drive
Clermont, FL 34711

RE: CCR #2016003848

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 [illegible], 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 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
	AL11968671	07/05/2016
NAME OF PROVIDER OR SUPPLIER **LAKESHORE MANOR, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **960 W LAKESHORE DR** **CLERMONT, FL 34711**	

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

0000 Initial Comments

An unannounced complaint investigation, CCR#2016003848, was conducted on at Lakeshore Manor, 960 West Lakeshore Drive, Clermont, Florida, 34711 License #12554. Deficiencies were identified at the time of the complaint investigation.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to obtain omitted information and ensure accuracy for 2 out of 3 residents' (Resident #2 and #4) Resident Health Assessments (AHCA Form 1823) reviewed.

Findings:

On , a record review was conducted on Resident #2's Resident Health Assessment (AHCA Form 1823), . It was observed to be missing the following information:

Page 4, Section B: Does the individual need help with taking his or her medications?

Page 5 is blank.

On at 1:13 PM, an interview was conducted with the Administrator. She confirmed page 4 section B and page 5 of Resident #2's Resident Health Assessment (AHCA Form 1823) are blank. She stated, "Yes ma'am. "

On , a record review was conducted on Resident #4's Resident Health Assessment (AHCA Form 1823), dated, . It was observed to be missing the following information:

Page 5 is blank.

On at 12:59 PM, an interview was conducted with the Administrator, during which she confirmed that page 5 of Resident #4's Resident Health Assessment (AHCA Form 1823) has omitted information. She confirmed it is blank.

Class III