RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Lakeshore Manor, Llc
960 W Lakeshore Dr
Clermont, FL 34711

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 , 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

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968671	08/10/2016
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

On , a biennial re-licensure survey was conducted at Lakeshore Manor Assisted Living Facility (license number 12554). Deficient practice was identified during the survey.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the facility failed to honor resident rights with respect to privacy in residents ' personal , and in the living dining , for 4 of 4 residents (Resident #1, Resident #2, Resident #3, Resident #4).

Findings:

In an observation on at 2:04 PM, surveyor observed while being shown the emergency food supply, a staff with a television monitor that was on and displayed 7 video feeds of different in the facility. The video feeds were observed to be monitoring the following areas: the living from an angle next to the front entrance, the dining an angle near the kitchen, the office/staff , the resident an angle outside of the pointed toward the ; Resident #1's an angle above the door looking toward the beds, Resident #2's and Resident #3's an angle above the door looking toward the bed, and Resident #4's and angle above the door looking toward the bed (see photo evidence).

On at 2:25 PM, an interview was conducted with the Administrator who reported the cameras are used for security at night. She reported if somebody , she wanted to make sure that no one . She further reported if something's happening she wanted to make sure they are being watched.

Class III

0077 Staffing Standards - ~~Administrators~~

Based on record review and interview, the facility failed to notify the agency of the change in The Administrator, within the required 10 days, for 1 of 1 staff (Administrator #2).

Findings:

On , a record review was conducted of Florida Health Finder website. It listed Administrator #2 as the administrator for the facility.

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On at 10:11 AM through 5:00 PM, Administrator #1 was observed acting as the Administrator of the facility.

On , a record review was conducted of the Health Care Licensing Application for Assisted Living Facilities for initial licensure. Page 5 listed Administrator #2 as the Administrator/Managing Employee. Administrator #2 signed the application , 2013. The application was stamped received , 2014.

On , a record review was conducted of EMResource User Agreement dated . Administrator #2 signed the form as Administrator for the facility. Administrator #1 is listed as a user.

On at 2:55 PM, an interview was conducted with Administrator #2. She confirmed Administrator #1 manages the facility. She reported the facility has been managed by Administrator #1 since the beginning. She reported she cannot be a "hands on" administrator because she has 2 other businesses. She reported she may have made a mistake in completing the paperwork but stated she would correct the paperwork.

Class

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to provide a written statement from a health care provider documenting the staff member does not have any signs or symptoms of a communicable for 2 of 3 staff (Staff A, Staff B).

Findings:

On , a review of Staff A's employee record revealed no evidence of a communicable statement from a health care provider.

On at 4:33 PM, an interview was conducted with the Administrator. She confirmed Staff A had no communicable statement. She reported, "She only had done her because she needed to get a doctor."

On , a review of Staff B's employee record revealed no evidence of a communicable statement from a health care provider.

On at 4:33 PM, an interview was conducted with the Administrator who stated, "No, she has

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not got it yet." She inquired, "You need it every year, correct?"

Class III

0085 Training - Nutrition & Food Service

Based on record review and interview, the facility failed to ensure the administrator, or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food services, obtained the annual 2 hours of continuing education in topics pertinent to nutrition and food service in an assisted living facility for 1 of 1 staff (Administrator).

Findings:

On , a record review was conducted of the Administrator's employee record. It revealed the Administrator received training on with no annual 2 hours of continuing education in topics pertinent to nutrition and food service in an assisted living facility.

On at 4:35 PM, an interview was conducted with the Administrator who confirmed that she does not have the required 2 hours of continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Class III

Z814 Background Screening Clearinghouse

Based on record review and interview, the facility failed to complete a new Level 2 Background Screening for an employee with a break in service greater than 90 days for 1 of 3 staff (Staff B).

Findings:

On , a record review was conducted of the employee roster which showed a hire date of / for Staff B. The Level 2 Background Screening was dated / .

On , a review of Staff B's employee record showed a Level 2 Background Screening, dated . There was no new background screening present in the employee record for the / hire date.

On at 4:29 PM, an interview was conducted with the Administrator who reported Staff B was

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hired on , but reported Staff B was re-hired on . The Administrator and Staff B confirmed that Staff B went to Ohio in 2014 and returned on , 2015. The Administrator confirmed that Staff B had a greater than 90 day break in service. The Administrator stated, "That's why I had to remove her from the roster." She confirmed Staff B needs a new Level 2 Background Screening due to the break in service.

Unclassified