AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965361	**01/10/2017**
NAME OF PROVIDER OR SUPPLIER **EAST LAKE MANOR, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **722 EAST LAKE ROAD** **TARPON SPRINGS, FL 34688**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR 2016012936) was conducted at East Lake Manor, Inc. on ./ . East Lake Manor, Inc. had a deficiency at the time of the investigation.

(License number 9773)

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(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on interview and record review, the facility failed to maintain the employment status of employees within the AHCA background screening clearinghouse (Employee Roster), within 10 days of initial employment, for 3 (Staff A, Staff B, and Staff C) of 3 employees sampled.

Findings included:

A review of the facility ' s Employee Roster was conducted on / / and showed that none of the current employees were listed.

A review of Staff A ' s record showed a date of hire of / /, Staff B ' s record showed a date of hire of , and Staff C ' s record showed a date of hire of / /.

An interview was conducted with Alternate Administrator at 1:38 PM on / / concerning the lack of entries of current staff members in to the Employee Roster. Alternate Administrator stated that they were not aware of the requirement to enter staff in to the Employee Roster.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
East Lake Manor, Inc.
722 East Lake Road
Tarpon Springs, FL 34688

RE: CCR# 2016012936

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2017, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency. Submit summary and documents to the Field Office no later than , 2017.** 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 deficiency 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.

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Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Teresa Ryan**, RNC, at 727-552-2000.

Sincerely,

Teresa Ryan RNC

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90