STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966599	**03/28/2017**
NAME OF PROVIDER OR SUPPLIER **LUTHERAN HAVEN ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1525 HAVEN DR** **OVIEDO, FL 32765**	

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

0000 - Initial Comments

A Limited Nursing Services (LNS) monitoring visit was conducted on , 2017. Lutheran Haven Assisted Living Facility, license #10765, had deficiencies at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on observations, record reviews, and interviews, the facility failed to ensure that 2 of 4 personnel records (B and D) contained documented evidence of a negative ( ) examination on an annual basis.

Findings:

Observations made during the visit revealed staff D was present in the facility.

Review of the facility staffing scheduled revealed staff B was scheduled to work on .

Personnel record review for staff B, a caregiver, revealed a chest x-ray dated that indicated there was no seen.

Personnel record review for staff D, the registered nurse care coordinator, revealed a chest x-ray dated that indicated there was no .

There was no documented evidence staff B and D had a negative examination for 2016.

During an interview with the administrator on at 11:30 AM, he said they did not have the examinations in 2016.

Class III