STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969022	R 03/23/2017
NAME OF PROVIDER OR SUPPLIER ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2250 S SEMORAN BLVD ORLANDO, FL 32822	

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

0000 - Initial Comments

A follow-up to complaint investigation ##2017000161 was conducted on . Assisted Living, license #12850, had deficiencies at the time of the visit.

0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC

REMAINS UNCORRECTED

Based on personnel record review and interview, the facility failed to ensure the staff member in charge of the total food services and the day-to-day supervision of food service staff (C) had complied the food service continuing education requirements specified in Rule 58A-5.0191, F.A.C.

Findings:

Personnel record review for staff C revealed a certificate for ServSafe training dated . There were no training updates or certificates for training specific to food service in an assisted living facility.

In an interview with Staff C on at 12:15 PM, she said she had not had any other training but would be happy to do the update. She said she was not aware she needed the 2 hour update each year.

Class III

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

Based on the Agency Clearinghouse Website review and interview the facility failed to register and maintain the employment status of employees within the Agency's Background Screening Clearinghouse for 2 of 3 sampled staff employees (A & C).

Findings:

Review of the Agency roster on revealed only the administrator and one other staff member was listed. The dietary manager (#C) and other food service staff member (#A) were not listed. No other staff were listed.

In an interview with the administrator on at 12:45 PM she said she tried to update it once, but wasn't sure how to do it.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969022	R **03/23/2017**
NAME OF PROVIDER OR SUPPLIER **ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **2250 S SEMORAN BLVD** **ORLANDO, FL 32822**	

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

Unclassified