

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/09/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966142	(X3) DATE SURVEY COMPLETED 04/27/2017
NAME OF PROVIDER OR SUPPLIER HEIDI'S HAVEN LADY LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 39106 GRAYS AIRPORT ROAD LADY LAKE, FL 32159	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced biennial licensure survey was conducted on _____ at Heidi's Haven of Lady Lake (facility license number 10397). Deficient practice was identified at the time of the survey. Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS Based on interview and record review, the facility failed to ensure all staff completed an attestation of compliance every 5 years for 1 of 3 staff (Staff A). Findings: A review of the personnel file for Staff A, the Administrator, was conducted on _____. The review revealed the Administrator was hired on _____ and signed an Affidavit of Compliance for Background Screening Requirements on _____. Further review showed the Administrator had another Background Screening done with an eligibility date of _____, but there was no evidence of another Affidavit of Compliance for Background Screening Requirements located in the personnel record. An interview was conducted with the Administrator on _____ at 10:30 AM. She confirmed she was hired on _____. She confirmed she signed an Affidavit of Compliance for Background Screening Requirements when she was hired. She confirmed she did not sign another Affidavit of Compliance for Background Screening Requirements when she had her background check in 2012, or any time since being hired. Unclassified		

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963778	(X3) DATE SURVEY COMPLETED R 04/28/2017
NAME OF PROVIDER OR SUPPLIER SAVANNAH MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1027 WEST MAIN STREET LEESBURG, FL 34748	

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

0000 - Initial Comments

An unannounced 2nd follow up to a complaint survey (CCR 2016011914, 2016012483) was conducted on 4/28/2017 at Savannah Manor Assisted Living Facility (License #5322) in Leesburg, FL. Savannah Manor Assisted Living Facility had no deficiencies at the time of the survey.