

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966055	(X3) DATE SURVEY COMPLETED 05/02/2017
NAME OF PROVIDER OR SUPPLIER ALLEGRO AT EAST LAKE LLC (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 1755 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 On 05/02/2017, a biennial relicensure survey conducted at The Allegro at East Lake, LLC an Assisted Living Facility. Deficient practice was identified during the survey. (License # 10331) 0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC Based on record review and interview, the facility failed to ensure compliance with Level 2 background screening for the Administrator. Findings included: During a review of the Administrators records conducted on 05/02/2017 it was revealed the facility did not have documentation of a current level 2 Background Screening. The Administrator was hired on 04/11/2017. The administrator's previous employment ended on 03/30/2017. The last background screening eligibility was dated 03/30/2017 which is greater than 90 days and required a new background screening. At 03:30pm, the Administrator confirmed the lapse in employment was greater than 90 days and stated, "The facility should have sent me for a new screening; I will submit one today." Class III 0078 - Staffing Standards - Staff - 58A-5.019(2) FAC Based on record review and interview, the facility failed to ensure that all newly hired staff submitted a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable disease and evidence of a negative (B) examination by a healthcare provider for 1 of (B) 4 sampled staff.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966055	(X3) DATE SURVEY COMPLETED 05/02/2017
NAME OF PROVIDER OR SUPPLIER ALLEGRO AT EAST LAKE LLC (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 1755 EAST LAKE ROAD TARPON SPRINGS, FL 34688	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Findings included: An employee record review conducted on it was revealed that direct care Staff B hired did not have a statement from a health care provider indicating that she was free from communicable Staff B's personnel file also did not contain an acceptable record of a negative examination, as the document was a bill with no healthcare provider information (document attached). In an interview at 03:35pm, the Administrator confirmed that there was no communicable statement and that the examination documentation was not adequate. Class III 0081 - Training - Staff In-Service - 58A-5.0191(2) FAC Based on record review and interview, the facility failed to ensure the minimum required in-service trainings were completed within 30-days of hire in the following subjects: Control, Activities of Daily Living and Behavioral Needs, Incident Reporting, Resident Rights, and Recognizing and Reporting Neglect, and for 3 of (A, B, and, C) 3 employees. Findings included: An employee record review on revealed that the files did not contain the required hours for in-service trainings and within 30-days of hire. Staff A (hire date:) had 0.5-hour of the 1-hour required Control training; 2.5-hours of the 3.0-hours required Activities of Daily Living and Behavioral needs training No documentation of a required 1 hour Incident Report training 0.5-hour of the 1-hour required Resident Rights training 0.75-hour of the 1-hour required Recognizing & Reporting Neglect, and training. Staff B (hire date:) had: 0.5-hour of the 1-hour required Control training 2.5-hours of the 3.0-hours required Activities of Daily Living and Behavioral needs training; No documentation of a required 1hour Incident Report training;		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966055	(X3) DATE SURVEY COMPLETED 05/02/2017
NAME OF PROVIDER OR SUPPLIER ALLEGRO AT EAST LAKE LLC (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 1755 EAST LAKE ROAD TARPON SPRINGS, FL 34688	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0.5-hour of the 1-hour required Resident Rights training; and, 0.75-hour of the 1-hour required Recognizing & Reporting , Neglect, and training. Staff C (hire date:) had: 0.5-hour of the 1-hour required Control training and completed on not within 30-days of hire; 2.5-hours of the 3.0-hours required Activities of Daily Living and Behavioral needs training and completed on which is greater than 30-days of hire; No documentation of 1 hour required Incident Report training; 0.5-hour of the 1-hour required Resident Rights training and completed on not within 30-days of hire; and, 0.75-hour of the 1-hour required Recognizing & Reporting , Neglect, and training. At 03:33pm, the administrator was unable to produce documents to account for any missing hours and acknowledged that there were not enough in-service hours to meet requirements. Class III		