STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966600	R **05/16/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANSFORMATION ASSISTED LIVING	**1963 CONTINENTAL BLVD** **ORLANDO, FL 32808**

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

0000 - Initial Comments

Revisit to the Limited Nursing Service Monitoring was conducted on 5/16/17. Transformation Assisted Living Facility license #10774 had a deficiency that remained uncorrected at the time of the visit.

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

A 079 REMAINED UNCORRECTED

Based on observations and interview, the facility did not maintain a written work schedules that reflected its 24-hour staffing pattern for a given time period.

Findings:

Observations of the staff scheduled that was posted on the wall on at 4:15 PM for revealed for through it noted staff A worked from 7 AM-7 PM there was no other staff listed for the remainder of the evening. On staff A's name was listed only, no time. On staff, B's name was listed no time. On Staff A's name was listed with "7A" only, there was no end time. On 5/8 through , Staff B's name was listed with "7A"only. On , Staff D was listed with only "7A". On through Staff A's name was listed with "7A" only. The schedule ended on . There was no way to determine the times the staff worked.

On at 4:30 PM, a telephone interview was conducted with the administrator who said she was not aware the staff schedule was not correct. She said there was always staff at the facility.

Class III