STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964270	**06/01/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE LEESBURG 1**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 SOUTH LAKE STREET** **LEESBURG, FL 34748**	

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

0000 - Initial Comments

On , a Limited Nursing Services (LNS) monitoring survey was conducted at Brookdale Leesburg 1 Assisted Living Facility, License #8882. Deficient practice was identified during survey.

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

Based on record review and interview, the facility failed to document an annual ( ) test for 3 of 4 staff (Staff A, B, and D).

Findings:

Record review of Staff A's screening revealed that the test expired on .

Record review of Staff B's screening revealed that the test expired on .

Record review of Staff D's screening revealed that the test expired on .

In an interview with Administrator on at 11:47 am, he confirmed that the annual tests for Staff A, B, and D were past due.

Class III