

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953623	(X3) DATE SURVEY COMPLETED 06/21/2017
NAME OF PROVIDER OR SUPPLIER EAGLES	STREET ADDRESS, CITY, STATE, ZIP CODE 6928 122ND DRIVE LARGO, FL 33773	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint investigation, (CCR# 2017003534), was conducted at Eagles on Eagles had deficiencies at the time of the investigation. (License # 8594) 0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC Based on record review and interview, one of two residents sampled (#1) had not had a face-to-face medical examination with a health care provider at least every 3 years. Findings included: A review of the file for Resident #1 during the investigation found that this individual, who was admitted to the facility in 2005, last had an assessment/1823 completed Interview with the administrator at 1:10 pm on provided no clarification for this discrepancy. Class III 0081 - Training - Staff In-Service - 58A-5.0191(2) FAC Based on record review and interview, two of three staff sampled who had worked at least 30 days (A; B) had not received the training in Findings included: A personnel record review during the investigation revealed that Staff A had a 2007 certificate of training that had not been signed off by a trainer, while Staff B had no training documentation. Interview with the administrator at 1:15 pm on provided no clarification for this		

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discrepancy. Class III		