STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968920	**07/20/2017**
NAME OF PROVIDER OR SUPPLIER **LODGE AT LUTHERAN HAVEN (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **2035 W RD 426** **OVIEDO, FL 32765**	

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

0000 - Initial Comments

An initial visit for Extended Congregate Care was conducted on . The Lodge at Lutheran Haven license # 12811 had a deficiency found at the time of the visit.

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

Based on personnel record review and interview the facility failed to ensure that 1 of 4 sampled staff (C) provided freedom from communicable including ( ) and that 1 of 4 sampled staff (D) provided freedom from yearly.

Findings:

1. Personnel record review for staff C revealed she was hired on and was a caregiver. The review revealed no evidence to confirm she provided a healthcare provider's statement that indicated freedom from communicable including .

2. Personnel record review for staff D revealed she was hired on and was a caregiver. The review revealed a negative test result dated . There was no evidence to confirm she provided a healthcare provider's statement that indicated freedom from for 2017.

In an interview with the Registered Nurse on at 2:30 PM, who said staff C had been to the doctor but the doctor did not sign the health statement and staff D had also seen the doctor and he paperwork was not available.

An opportunity was given to submit the documents by electronic mail (e- mail) by in the AM. An e-mail was not received.

Class III