STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968651	**06/27/2017**
NAME OF PROVIDER OR SUPPLIER **CRANES VIEW LODGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1601 HOOKS ST** **CLERMONT, FL 34711**	

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

0000 - Initial Comments

On an unannounced Limited Nursing Services (LNS) and Extended Congregate Care (ECC) monitoring survey was conducted at Crane's View Lodge, License #12546. Deficient practice was identified at the time of the survey.

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on interview and record review, the facility failed to maintain a job description for 1 of 3 sampled staff (Staff B).

Findings

On a record review was conducted of the personnel file of Staff B which revealed a hire date of . The personnel file did not contain a job description for Staff B, a Certified Nurses Assistant (CNA).

On at 1:33 PM, an interview was conducted with the Business Office Manager (BOM). The BOM confirmed that Staff B did not have a job description. No further information was provided.

Class III