STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911436	**08/28/2017**
NAME OF PROVIDER OR SUPPLIER **WOODLAND TOWERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **113 CHIPOLA AVENUE** **DELAND, FL 32720**	

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

0000 - Initial Comments

On , 2017, a biennial relicensure survey was conducted at Woodland Towers Assisted Living Facility (License # 7143). Deficient practice was identified during the survey.

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and staff interview, the facility failed to conduct and document elopement drills for the residents and staff as pursuant to Sections 429.41(1)(a)3. and 429.41(1)(A), F.S. affecting 115 out 115 residents on the current census.

The findings include:

A review of the facility elopement drills revealed the facility conducted drills on at 6:00 to 6:20 AM with 7 employees in attendance, with 12 staff in attendance, and with 14 staff members in attendance.

An interview with the Administrator on at 1:30 PM confirmed not all staff were in attendance for elopement drills conducted for the year as required. She stated " I wasn't aware that all staff needed to attend the drills".

CLASS III

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on employee record review and staff interviews, the facility failed to obtain a current Level 2 Background screening pursuant to Chapter 435 for 1 employee (Administrator) out of 4 employee records sampled.

The findings include:

A review of the Administrator personnel file revealed she was hired . A Level 2 background screening was found in her file dated .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911436	**08/28/2017**
NAME OF PROVIDER OR SUPPLIER **WOODLAND TOWERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **113 CHIPOLA AVENUE** **DELAND, FL 32720**	

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

An interview with the Administrator on [redacted] at 12:26 PM confirmed she had a break in employment greater than 90 days and did not obtain a new Level 2 background screening when she started working at the facility.

An interview with the Office Manager on [redacted] at 1:15 PM confirmed the Administrator had a break in employment greater than 90 days and the facility did not have a current Level 2 background screening for the Administrator.

UNCLASSIFIED