STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968861	**09/27/2017**
NAME OF PROVIDER OR SUPPLIER **THE MANOR AT LAKE MORTON, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **522 E LIME ST** **LAKELAND, FL 33801**	

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

0000 - Initial Comments

Assisted Living Facility

On , , , 2017, a biennial state licensure survey was conducted at The Manor at Lake Morton , Assisted Living Facility. Deficiencies were identified at the time of the visit.

(License # 12732)

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

Based on record review and interview the facility failed to ensure 1 of 3 (B) employee records included a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . Additionally they failed to ensure 1 of 3 (B) employees provided evidence of a negative exam.

Findings included:

On a record review was conducted for Staff B. Staff B has a hire date of . Staff B's record did not include documentation of a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable or evidence of a negative exam.

On an interview was conducted with the Administrator. The Administrator stated she would make sure Staff B received them.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview the facility failed to ensure 3 of 3 (A, B, C) employees who provide direct care to residents received at least a minimum of 1 hour in-service training within 30 days of employment in the following subjects: recognizing and reporting resident , neglect and , , resident rights, incident reporting, and emergency procedures. Additionally the facility failed to ensure 1

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of 3 (B) employees received an in-service training regarding the facility's resident elopement response policies and procedures within 30 days of employment.

Findings included:

On a record review was conducted for Staff A. Staff A had a hire date of . Staff A's record did not include documentation of a 1 hour in-service training in recognizing and reporting resident , neglect, and , resident rights, incident reporting and emergency procedures.

On a record review was conducted for Staff B. Staff B had a hire date of . Staff B's record did not include documentation of a 1 hour in-service training in recognizing and reporting resident , neglect, and , resident rights, incident reporting, emergency procedures and resident elopement.

On a record review was conducted for Staff C. Staff C had a hire date of . Staff C's record did not include documentation of a 1 hour in-service training in recognizing and reporting resident , neglect, and , resident rights, emergency procedures and incident reporting.

On an interview was conducted with the Administrator. The Administrator stated, "I can show the curriculum and see if it includes the required time frame for the training's. This is what we have."

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to ensure 2 of 3 (A, C) had a level II background screening (BGS) following a break in service of more than 90 days from a position that requires screening by a specified agency.

Findings included:

A record review was conducted for Staff A. Staff A had a hire date of . Staff A had an application to include employment history dated . Staff A's application revealed their last date of direct care was dated . Staff A had more than a 90 day break in a direct care position requiring a new level II BGS to be conducted.

A record review was conducted for Staff C. Staff A had a hire date of . Staff A had an application to include employment history dated . Staff C's application revealed their last date of direct care was dated . Staff C had more than a 90 day break in a direct care position requiring a new level II BGS to be conducted.

On an interview was conducted with the Administrator. The Administrator stated, "I was not aware a new BGS needed to be done after a 90 day break."

Unclassified