

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965361	(X3) DATE SURVEY COMPLETED 10/05/2017
NAME OF PROVIDER OR SUPPLIER EAST LAKE MANOR, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 722 EAST LAKE ROAD TARPON SPRINGS, FL 34688	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On, 2017, an abbreviated biennial re-licensure survey was conducted at East Lake Manor, Inc. Deficient practice was identified during the survey. (License # 9773) 0081 - Training - Staff In-Service - 58A-5.0191(2) FAC Based on record review and interview, the facility failed to provide proof that staff received a minimum of 1 hour in-service training, within 30 days of employment, regarding the facility's resident elopement response policies and procedures (Elopement Training) for two (Staff B and Staff C) of three employee records reviewed. Findings included: A review of employee records conducted on showed that Staff B was hired on and Staff C was hired on The review of Staff B's and Staff C's records showed no training certificates for Elopement Training. The Alternate Administrator was interviewed at 2:07 PM on concerning the lack of certificates in Staff B's and Staff C's employment records for Elopement Training. The Alternate Administrator reviewed the two records and acknowledged that there were no Elopement Training certificates present. Class III		