STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910284	10/03/2017
NAME OF PROVIDER OR SUPPLIER **LEISURE MANOR ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **301 SOUTH MAIN AVENUE** **MINNEOLA, FL 34755**	

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

0000 - Initial Comments

On , 2017 a biennial relicensure survey with Limited Mental Health and Limited Nursing Services was conducted at Leisure Manor Assisted Living Facility. Deficient practice was identified at the time of the survey.

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

Based on record review and interview, the facility failed to ensure staff have an annual statement from a health care provider stating the individual does not constitute a risk of communicating for 1 of 3 staff reviewed (Staff A).

Findings:

During a record review on at 11:30 a.m., a statement from the health care provider indicating Staff A was free of communicable with indication of negative chest x-ray was identified dated . No further documentation was discovered.

During an interview with Staff A on at 12:30 p.m., Staff A confirmed the health care statement dated on was her last exam. Staff A confirmed she was overdue to have the exam repeated.

During an interview with the administrator on at 1:30 p.m., the administrator stated that Staff A had a negative chest x-ray but did not have an annual statement from a healthcare provider indicating that Staff A did not constitute a risk of transmitting a communicable .

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and interview, the facility failed to ensure that at least one staff member holding a current valid First Aid and , , ( ) card be in the facility at all times for 2 of 3 staff members reviewed.

Findings:

#1 During a record review conducted on of Staff B's employee record, no first aid training was identified. During a review of the facility's schedule, it was identified that Staff B was the sole employee in the facility from 7:00 p.m. to 11:00 p.m. on her scheduled shifts.

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SUMMARY STATEMENT OF DEFICIENCIES
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During an interview with the administrator on at 2:00 p.m., the administrator stated Staff B does not have First Aid Training. The administrator confirmed Staff B is the only staff member in the facility from 7 p.m.-11p.m. on her scheduled days.

#2 During a record review conducted on of Staff C's employee record, no first aid or training was identified. During a review of the facility's schedule, it was identified that Staff B was the sole employee in the facility from 11:00 p.m. to 7:00 a.m. on her scheduled shifts.

During an interview with the administrator on at 2:00 p.m., the administrator Stated Staff C does not have First Aid/ training. The administrator confirmed Staff C is the only staff member in the facility from 11p.m-7 a.m. on her scheduled days.

Class III