STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964523	12/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING MANOR ASSISTED LIVING INC	**1780 NW 112 TERRACE CORAL SPRINGS, FL 33071**

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

0000 - Initial Comments

An unannounced complaint survey, CCR#2017009539 on at Spring Manor Assisted Living, license #9038. There were deficiencies found during 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 that all staff received Training within 30 days of hire for 2 of 3 sampled staff (Staff B&C).

On , at approximately 11:00AM, a record review was conducted on Staff B and Staff C's employee record. The review revealed Staff B's Hire Date: . There was no documentation of Staff B completing the required Training within 30 days of hire.

During the record review for Staff C whose hire date is , revealed Staff C had a Training certificate dated: . There was no documentation of Staff C receiving the required training within 30 days of hire. During this time the Administrator was provided an opportunity to locate the documentation.

During an interview with the Administrator on at approximately 12:15PM, the Administrator acknowledged the findings and provided no additional documentation for review.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to report an adverse incident within 1 business day and 15 day follow-up report after a resident sustained a and Law Enforcement investigation was conducted for 1 of 3 sampled residents (Resident#1).

The findings include:

On at approximately 10:30AM a record review was conducted of Resident#1's record. The review revealed that on , Resident#1 was sent to the hospital after a unwitnessed in her , that resulted in a laceration on her face and bloody nose. She returned to the facility later that night. A review of the emergency sheet revealed Resident#1 sustained a laceration to her face and a nose.

Review of confidential records revealed on , Resident #1 was sent to the hospital after

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becoming extremely agitated. On , the Administrator was contacted by Law Enforcement and informed they were investigating the residents and visit to the hospital.

A review of the resident's Agency for Health Care Administration Health Assessment (AHCA Form 1823) revealed the residents required assistance with ambulation, transferring, and she was documented as a risk.

Class III