STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964655	**12/19/2017**
NAME OF PROVIDER OR SUPPLIER **FREMONT MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **909 FREMONT AVENUE** **WINTER PARK, FL 32789**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . Fremont Manor Assisted Living with Limited Mental Health (LMH), License #9198 had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on resident record review and interview, the facility failed to ensure Health Assessment ACHA form 1823 contained all the required information completed by the healthcare provider for 1 of 2 sampled residents (#11).

Findings:

Resident #11's record review revealed that an 1823 Health Assessment form dated , on page 4, section B did not mark the type of mode of assistance needed with medications the resident required.

On at 3 PM, an interview with the owner who confirmed the finding.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview, the facility failed to have the sufficient amount of water for the three-day emergency supply.

Findings:

Observation on at 2 PM, the owner showed where the 3 day of emergency supply of water was stored.

The water supply stored on hand did not meet the requirement for the facility's census of 12 residents.

Facility had 30 gallons of water on hand, short of 78 gallons. The is as follows: 12 residents x 3 days=36 x 3 gallons daily=108 total gallons.

On at 2:30 PM, an interview with the owner who agreed and confirmed the finding.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on resident record review and interview, the facility with a Limited Mental Health (LMH) specialty license failed to maintain the required Community Living Support Plan and , Agreement documentation for 1 of 3-sampled resident (#11) within 30 days of admission.

Findings:

Resident #11's record review revealed date of admission into the facility . Further reviewed revealed there was no Community Living Support Plan and no , Agreement as required.

On at 12:30 PM, an interview with the owner confirmed the finding.

Class III