STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910284	**11/27/2017**
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

A bed increase survey was conducted on , 2017 at Leisure Manor Assisted Living Facility (License #5456) in Minneola, FL. Deficient practice was identified during the survey.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to maintain a safe, clean, and well maintained living environment in 2 of 2 on the new wing.

Findings:

On at 9:40 AM a tour was conducted of both located in the 'new' wing. Both showed water damage between the sink and the shower near the floor as evidenced by peeling paint. Both walk in showers were observed to be unclean. One walk in shower showed a black colored substance built up in the corner and along the edges at the base of the shower floor. One walk in shower showed a brown/yellow discoloration on the wall from the handrail to the floor of the shower. The corner of the shower had a yellow discoloration in the corner at the base of the shower floor. (Photographic evidence obtained)

An interview was conducted on at 9:56 AM with the Manager. She confirmed the peeling paint on the walls by both walk in showers. She also confirmed the were not clean. She confirmed the black build up in the corner of one shower and the brown/yellow discoloration on the wall of the other shower. She also stated the some of the residents urinate in the showers and she had not had time to clean them yet.

Class III