STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910101	**01/30/2018**
NAME OF PROVIDER OR SUPPLIER **LAKELAND MANOR ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **747 BON AIR ST** **LAKELAND, FL 33805**	

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

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview, the facility failed to maintain an eligible background screening (BGS) and an up-to-date signed Attestation of Compliance (AoC) in all employees' personnel file for one Staff (D) of five sampled Staff.

Findings included:

A focused employee record review for Staff D a Resident Care Aide Supervisor conducted on revealed an expired BGS eligibility dated (See Photographic Evidence1). The AoC in Staff D's employee record signed . . . . Staff D was hired . . . . . and working at the time of survey.

During a staff interview with the Assistant Administrator (AA) conducted on at12:10pm, the AA acknowledged and confirmed both BGS and AoC in Staff D's employee record and stated that, "I did not realize it was expired.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910101	**01/30/2018**
NAME OF PROVIDER OR SUPPLIER **LAKELAND MANOR ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **747 BON AIR ST** **LAKELAND, FL 33805**	

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

0000 - Initial Comments

Assisted Living Facility

On , , 2018, a complaint survey, (CCR# 2017015388), was conducted at Lakeland Manor Assisted Living Facility. Deficiencies were identified during the visit.

(License #1047)

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on interview and record review, the facility failed to:
(1) Obtain a face-to face medical examination documented on Agency for Health Care Administration Form 1823 (1823) after a significant change in condition necessitating the need for hospice services; and,
(2) Maintain an interdisciplinary care plan in consult with hospice, specifying which those care and services provided hospice and those provided by the facility and agreed upon by hospice, the facility, and the Resident (or responsible party) for two hospice Residents (#2 and #3) of two sampled hospice Residents.

Findings included:

A record review conducted for Resident #2 on revealed that Resident #2 was admitted to Hospice on . The most recent 1823 obtained for Resident #2 was dated . Resident #2 returned to the facility from hospitalization and rehabilitation on and no up-dated 1823 was found in the resident's record. No interdisciplinary care plan specifying care and services provided by Hospice, those care and services provided by the facility was found in Resident #2's record.

A record review conducted for Resident #3 on revealed that Resident #3 was admitted to Hospice on . The most recent 1823 obtained for Resident #3 was dated and has no notation that Resident #3 was receiving Hospice services. No interdisciplinary care plan specifying care and services provided by Hospice, and those care and services provided by the facility was found in Resident #3's record.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910101	**01/30/2018**
NAME OF PROVIDER OR SUPPLIER **LAKELAND MANOR ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **747 BON AIR ST** **LAKELAND, FL 33805**	

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

During a staff interview with the Assistant Administrator conducted on at 12:10 she acknowledged and confirmed both Resident's 1823s not updated related to a significant change in condition necessitating the need of Hospice services. The Assistant Administrator stated "no" when asked if the facility and Hospice has discussed which care and services provided by Hospice, and those care and services provided by the facility.

Class III