STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966804	**02/02/2018**
NAME OF PROVIDER OR SUPPLIER **LEDGE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **12006 MCINTOSH ROAD THONOTOSASSA, FL 33592**	

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

0000 - Initial Comments

Assisted Living Facility

Two complaint investigations, (CCR# 2017013954 & CCR# 2017014212), were conducted at Ledge Manor on , in conjunction with a revisit to complaint survey, (CCR# 2017010789), and a biennial re-licensure survey. Ledge Manor had a deficiency related to the complaint investigation.

(License # 11289)

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

Based on record review and interview, two of four residents sampled (#11; 14) had not received an updated face-to-face medical examination recorded on the AHCA Form 1823 after experiencing a significant event or change.

Findings include:

Resident record review during the investigation revealed that Resident #11, admitted to the facility , was admitted to Hospice . Although review of this individual's record found the original health assessment from , further review of the file indicated that there was no subsequent health evaluation conducted and recorded on an 1823. Review of Resident #14's record revealed that this individual was admitted to the facility , and subsequently admitted to Hospice . Further review of the file found no new health assessment having been completed on an 1823 for Resident #14. Interview with the administrator at 2:20pm on provided no clarification for these discrepancies.

Class III