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

On , 2018, a biennial re-licensure survey in conjunction with a revisit to complaint survey, (CCR# 2017010789) and complaint investigations, (CCR# 2017013954 & CCR# 2017014212), was conducted at Ledge Manor. Deficient practice was identified during the surveys.

(License # 11289)

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to provide proof of a written statement from a health care provider, within 30 days after beginning employment, documenting that individuals did not have any sign or symptoms of a communicable (Communicable Statement) for three (Staff A, Staff B, and Staff C) of four employee records reviewed. Additionally, the facility failed to provide evidence of a negative examination (Exam), documented on an annual basis, for two (Staff A and Staff C) of four records reviewed.

Findings included:

A review of employee records conducted on showed that Staff A had a date of hire of , Staff B had a date of hire of , and Staff C was hired on . A review of Staff A, Staff B, and Staff C's records showed no proof of a Communicable Statement. A review of Staff A and Staff C's records showed no Exam.

The Administrator was interviewed at 1:45 PM on concerning missing documentation regarding Communicable Statements and Exams in Staff A, Staff B, and Staff C's records. The Administrator acknowledged that there were no Communicable Statements for the 3 staff members and that there was no proof of exams for Staff A and Staff C.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966804	02/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEDGE MANOR	12006 MCINTOSH ROAD THONOTOSASSA, FL 33592

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

Based on record review and interview, the facility failed to provide proof of one hour in-service training in the subject of control (Control Training), before staff provided care to residents, for four (Administrator, Staff A, and Staff C) of four records reviewed. Additionally, the facility failed to provide proof, within 30 days of employment, of in-service training regarding the facility's resident elopement response policies and procedures (Elopement Training) and emergency preparedness and evacuation (Emergency Training) for four (Administrator, Staff A, Staff B, Staff C, and Staff D) of four records reviewed; failed to provide proof of training in the topics of activities of daily living and behavioral needs (ADL Training), major and adverse incident reporting (Incident Reporting), recognizing and reporting , neglect, and , (Training), and nutritional and safe food handling (Safe Food Handling) for three (Staff A, Staff B, and Staff C) of four records reviewed; and failed to provide proof of training in the subject of resident rights (Resident Rights Training) for one (Staff C) of four records reviewed.

Findings included:

A review of employee records conducted on showed that The Administrator had a date of hire of , Staff A had a date of hire of , Staff B had a date of hire of , and Staff C had a date of hire of .

A review of the Administrator's record showed no proof of Control Training, Elopement Training, or Emergency Training. A review of Staff A's, B's and C's record showed an absence of proof of ADL Training, Elopement Training, Emergency Training, Incident Reporting, Training, and Safe Food Handling. Additionally, Staff A's record was missing proof of Control Training, and Staff C's record was missing proof of Control Training and Resident Rights Training.

An interview was conducted with the Administrator at 1:45 PM on concerning all the missing training certificates for the Administrator, Staff A, Staff B. and Staff C. The Administrator stated that none of the training certificates were available.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on interview and record review, the facility failed to provide proof of training, within 30 days of employment, in the subject of /
(/ Training) for four (Administrator, Staff A, Staff B, and Staff C) of four employee records reviewed.

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)

Findings included:

A review of employee records conducted on showed that The Administrator had a date of hire of , Staff A had a date of hire of , Staff B had a date of hire of , and Staff C had a date of hire of . A review of the four employee records showed no proof of / Training.

The Administrator was interviewed at at 1:45 PM and acknowledged that there was no proof of / Training in the four employee records.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and interview, the facility failed to provide proof that staff members completed courses in First Aid and , ( ) and that there was always a staff member who received this training was in the facility at all times for three (Staff A, Staff B, and Staff C) of three employee records reviewed.

Findings included:

A review of direct care staff employee records conducted on showed that Staff A had a date of hire of , Staff B had a date of hire of , and Staff C had a date of hire of . A review of the employee records for Staff A, Staff B, and Staff C showed no proof of First Aid or Training.

The Administrator was interviewed at 1:45 PM on concerning First Aid and training for Staff A, Staff B, and Staff C. The Administrator acknowledged that there was no proof of or First Aid training in the three employee records. The Administrator provided no proof that there was someone in the facility at all times that had First Aid and training.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to provide proof of the facility's policies and procedures regarding (Training), within 30 days of employment, for four (Administrator, Staff A, Staff B, and Staff C) of four employee records reviewed.

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)

Findings included:

A review of employee records conducted on showed that the Administrator was hired on , Staff A had a date of hire of , Staff B had a date of hire of , and Staff C was hired on . A review of the four employee records showed no proof of Training in any of the records.

The Administrator was interviewed at 1:45 PM on concerning Training certificates for the Administrator, Staff A, Staff B, and Staff C. The Administrator was unable to provide proof of training.

Class III

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

Based on record review and interview, the facility did not maintain a log regarding when it served substitutions from its menu over the past 6 months.

Findings include:

Upon request and attempted record review at 11:20am on , the dietary manager showed this writer that whenever he substituted an item from a menu on a given day, she brought up that menu on his computer, notified the corporate nutritionist that he needed to substitute, and after receiving approval, revised the menu and printed off an amended copy to be reposted in the facility.

When asked what she did with the original copy documenting the planned changes, she stated that "she threw this away."

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview, the facility failed to provide proof that job descriptions were given to each staff member for three (Staff A, Staff B, and Staff C) of four employee records sampled.

Findings included:

A review of the facility's license showed that the facility had a licensed capacity of 78. A review of employee records conducted on showed an absence of proof of job descriptions provided to Staff

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)

A, Staff B, and Staff C.

Employee records reviewed on showed that Staff A had a date of hire of , Staff B had a date of hire of , and Staff C was hired on .

The Administrator was interviewed at 1:45 PM on concerning the lack of job descriptions in Staff A's, Staff B's, and Staff C's record. The Administrator acknowledged the lack of job descriptions on record.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the files for two of two former residents (#12; 14) and two of two current residents sampled (#11; 13) did not contain all required weight records.

Findings include:

A review of resident files during the licensure survey revealed the following:

The closed records for Resident #12 and #14 found that they were admitted to the facility and , respectively. Further review of the records found no documentation of these residents' weights other than Resident #14's admission weight.

Review of the current records for Residents #11 and #13 indicated that they had been admitted to the facility and , respectively. Further review of their files found no recorded weights other than their admission weights from and . Interview with the administrator at 2:15pm on provided no explanation for this oversight, stating that "she was not sure where the weight record book had been filed."

Class III