STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964754	**03/30/2018**
NAME OF PROVIDER OR SUPPLIER **WESLEY HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1500 MAXIMILLAN DRIVE** **WESLEY CHAPEL, FL 33543**	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated biennial with limited mental health (LMH) survey was conducted at Wesley House Assisted Living Facility on . . . . Wesley House Assisted Living Facility had deficient practice identified at the time of the survey.

License: 9256

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

Based on interview and record review, the facility failed to maintain required documentation of an annual, negative examination for 2 (Administrator Assistant, Staff B) of 3 records reviewed.

Findings Included:

An employee record review was conducted on . . . . It was discovered that the administrator assistant and staff B had no documentation of annual freedom from (exam) in their personnel files.

An interview with the administrator assistant on . . . . . 10:03 A.M. confirmed she currently provides daily care and services to residents, however did not have proof of an annual examination within the past year. The administrator assistant confirmed staff B is on the staffing schedule and provides daily care to residents at the facility.

Class III