STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911325	**05/07/2018**
NAME OF PROVIDER OR SUPPLIER **HPLS ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **300 EAST KALEY AVENUE** **ORLANDO, FL 32806**	

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

0000 - Initial Comments

A Limited Nursing Service (LNS) monitoring visit was conducted on , 2018. HPLS Assisted Living Inc., license #5886, had deficiencies at the time of the visit.

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

Based on record reviews and interview, the facility failed to ensure 2 of 3 personnel records (A and Administrator) contained documentation of a negative ( ) exam on an annual basis and failed to ensure 1 of 3 staff (C) submitted a written statement from a health care provider documenting freedom from communicable within 30 days after beginning employment.

Findings:

1. Certified Nursing Assistant (CNA) A's personnel record revealed a hire date of . The record contained documentation of a negative exam that was dated on and no documentation to indicate a negative exam was conducted during 2017 and 2018.

2. The Administrator's personnel record revealed she was hired in 1996. The record contained documentation of a negative exam on and did not contain documentation to indicate a exam was conducted during .

Nurse C's personnel record revealed a hire date in 2016. The record did not contain a written statement from a health care provider documenting freedom from communicable .

On at 2 pm, the administrator confirmed the findings.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on personnel record reviews and interview, the facility failed to ensure that 1 of 2 unlicensed caregivers (Administrator) received the annual 2 hours of continuing education on providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF.)

Findings:

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SUMMARY STATEMENT OF DEFICIENCIES
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On at 2:15 pm, the administrator said she assisted the residents with the self-administration of medications.

The administrator's personnel record contained a 2-hour certificate of completion, dated on , on providing assistance with self-administered medications and safe medication practices in an ALF. The record did not contain documented evidence to indicate she received the annual 2 hours of continuing education in 2017.

On at 2:25 pm, the administrator confirmed the findings.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on personnel record reviews and interview, the facility failed to ensure the person responsible for the facility's food service (Administrator) received the required annual 2 hours of continuing education.

Findings:

On at 2:15 pm, the administrator identified herself as the person responsible for the facility's food service. Her personnel record contained a 1-hour certificate of training, dated on , on the topic of Nutrition. The record did not contain documentation to indicate she received an additional hour of training during 2017 and 2 hours during 2018.

On at 2:30 pm, the administrator confirmed the findings.

Class III