STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922279	**05/07/2018**
NAME OF PROVIDER OR SUPPLIER **EASTBROOKE GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **201 SUNSET DRIVE** **CASSELBERRY, FL 32707**	

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

0000 - Initial Comments

An Extended Congregate Care (ECC) monitoring visit was conducted on , 2018. Eastbrooke Gardens, license #5355, had a deficiency at the time of the visit.

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

Based on personnel record reviews and interview, the facility failed to ensure 1 of 4 personnel records (B) contained documentation of a negative ( ) exam on an annual basis.

Findings:

Caregiver B's personnel record revealed a hire date of .

The record contained a written statement from a health care provider, dated on ; documenting caregiver B did not have any signs or symptoms of communicable . However, the record did not contain documentation of a negative exam for 2018, as required.

On at 11:30 am, the business office manager confirmed the findings.

Class III