STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968629	R **06/07/2018**
NAME OF PROVIDER OR SUPPLIER **LA BELLE LA VIE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3973 LUBEC AVENUE** **NORTH PORT, FL 34287**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on at La Belle La Vie, LLC, an assisted living facility (license #12508) in North Port, Florida.

This was a follow-up to a relicensure survey completed on .

One previous deficiency was found uncorrected and no new deficiencies were identified.

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

Based on record review and staff interview, the facility failed to ensure that a negative examination was documented annually for 2 (Staff B and C) of 3 employee records reviewed.

The findings included:

Staff B's employee file revealed a hire date of . Staff B's file contained a negative examination dated and expired on .

Staff C's employee file revealed a hire date of . Staff C's file contained a negative examination dated and expired on .

During an interview on at 1:42 p.m., both staff present admitted there was no documentation of current examination in Staff B and C's file.

Class III