STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966804	R 06/19/2018
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

A 2nd revisit to and biennial survey was conducted at Ledge Manor on in conjunction with a revisit to complaint CCR#2018003715 and a complaint investigation (CCR 2018007052). Ledge Manor had uncorrected deficiencies at the time of the visit.

(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 do not have any signs or symptoms of communicable (Communicable Statement), for three (Staff A, Staff B, and Staff C) of three employee records sampled.

Findings included:

A review of employee records conducted on showed that Staff A was hired on , Staff B was hired on , and Staff C was hired on . A review of the three records showed no proof of Communicable Statements.

The Assistant Business Manager was interviewed at 2:48 PM on concerning the lack of Communicable Statements in Staff A, B, and C's records. The Assistant Business Manager acknowledged that there were no Communicable Statements available for Staff A, B, and C.

Class III

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

Based on record review and interview, the facility failed to ensure that staff who provide direct care to residents received three hours of in-service training, within 30 days of employment, in the subject of providing assistance with the activities of daily living (ADL Training) for three (Staff A, Staff B, and Staff C) of three employee records sampled.

Findings included:

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

A review of employee records conducted on showed training certificates indicating two hours of ADL Training for Staff A on , Staff B on , and Staff C on . The requirement is a minimum of three hours of ADL Training.

The Assistant Business Manager was interviewed at 1:30 PM on concerning Staff A, Staff B, and Staff C's ADL Training certificates indicating that only two hours of training was provided. The Assistant Business Manager stated that they thought only two hours of training was required.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and interview, the facility failed to document training certificates as to the number of hours of training conducted in the facility's resident elopement response policies and procedures (Elopement Training) for three (Staff A, Staff B, and Staff C) of three records reviewed.

Findings included:

A review of Elopement Training certificates showed that Staff A and Staff B received training on and Staff C received training on . None of the three training certificates showed the number of hours of training received.

The Assistant Business Manager was interviewed at 1:29 PM on and acknowledged that the certificates did not indicate the number of hours of Elopement Training for Staff A, B, and C.

Class III