

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967846	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/11/2018
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HEIDI'S HAVEN LASALIDA

**1215 LASALIDA WAY
LEESBURG, FL 34748**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments On _____, an unannounced complaint survey (CCR#2018000832) was conducted at Heidi's Haven -Lasalida Assisted Living Facility (License #11848), Leesburg, FL. Deficient practice was identified on the day of the survey.	A 000		
A 078 SS=D	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF: (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable _____. The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative _____ examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of _____ testing materials, shall satisfy the annual _____ examination requirement. An individual with a positive _____ test must submit a health care provider's statement that the individual does not constitute a risk of _____. 2. If any staff member has, or is suspected of having, a communicable _____, such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable _____.	A 078		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER HEIDI'S HAVEN LASALIDA			STREET ADDRESS, CITY, STATE, ZIP CODE 1215 LASALIDA WAY LEESBURG, FL 34748		
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A 078	Continued From page 1 (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C. (d) An assisted living facility _____ to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff _____ by the facility to provide services to residents, pursuant to Sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on interview and record review, the assisted living facility failed to ensure that 1 of 3 sampled employees obtained annual documentation that the employee is free from	A 078			

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A 078	Continued From page 2 Also missing was the communicable statement from the employee records reviewed, for Staff B. Findings Included: A review of personnel records of care staff B was conducted on . The review revealed the date of hire for Staff B was Further review revealed no evidence of a current annual negative tuberculous examination for Staff or a freedom from communicable ... statement for staff B. On at 1:15 PM the Administrator confirmed the missing documentation of the annual tuberculous examination and missing communicable statement for Staff B. Class III	A 078		
A 083 SS=D	58A-5.0191(4) FAC Training - First Aid and (4) FIRST AID AND (). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation of attendance at First Aid or course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health, shall satisfy this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently	A 083		

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A 083	Continued From page 3 certified under Part III of Chapter 401, F.S., shall be considered as having met the training requirements for both First Aid and This Statute or Rule is not met as evidenced by: Based on interview and record review, the assisted living facility failed to ensure that 2 of 3 sampled employees maintained a current First Aid and certificate (Staff B and Staff C). Findings Included: A review of personnel records Staff B, and Staff C was conducted on The review revealed the date of hire for Staff B was and the date of hire for Staff C was Further review revealed no evidence of a current First Aid and certificate for Staff B and Staff C. Both staff B and Staff C work by themselves in the facility. On at 1:18 PM the Administrator confirmed Staff B's First Aid & certificate expired in and Staff C's First Aid & certificate expired She further stated she would make arrangements for Staff B and Staff C to receive the necessary certification training as soon as possible. She confirmed she would, in the meantime, adjust the schedule until Staff B and Staff C had the required First Aid and () certification. (photographic evidence included). Class III	A 083		