STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911325	**11/29/2018**
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 monitoring visit for Limited Nursing Services (LNS) was conducted on . HPLS Assisted Living Facility license # 5886 had deficiencies found at the time of the visit.

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observations, staff schedule review and interview the facility failed to maintain the minimum staff hours per week.

Findings:

During the facility tour on at 9:25 AM the staff stated the census was 6 residents.

Staff schedule review for the week of 11/19 to revealed a total of 176 weekly hours. Based on a census of 6 residents the facility needed a minimum of at least 212 staff hours weekly. Review of the staff schedule for the week of 11/26 to , a total of 192 staff weekly hours were scheduled for that week.

In an interview on at 11 AM with the administrator who said she did not realize she needed more staff hours.

Class III

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on personnel record reviews, review of the agency's background screening website, and interview, the facility failed to maintain the current results of a background screening (BGS) in the personnel record for 1 of 3 staff (A) who was in a role that required a background screening.

Findings:

Personnel record review for caregiver, staff A hired in 2009, revealed an eligible background screening dated .

Review of the agency's background screening website on at 10:30 AM revealed staff A was eligible as of .

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SUMMARY STATEMENT OF DEFICIENCIES
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In an interview on [redacted] at 11 AM with the administrator who said she needed to print the BGS result.

Unclassified