STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965223	C 01/24/2019
NAME OF PROVIDER OR SUPPLIER **VISTA LAKE**	STREET ADDRESS, CITY, STATE, ZIP CODE **710 SOUTH LAKE STREET** **LEESBURG, FL 34748**	

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

0000 - Initial Comments

On [redacted], [redacted] through [redacted], [redacted], an unannounced Change of Ownership survey in conjunction with Emergency Power Plan monitoring survey was conducted at Vista Lake Assisted Living Facility (License #9624), Leesburg, FL. Deficient practice was identified at the time of the survey.

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

Based on observation, record review and interview, the facility failed to ensure a preservice orientation was provided prior to interaction with residents for 2 of 2 reviewed direct care staff members (Staff A & Staff B).

Findings:

On [redacted] at 11:45 AM, during a medication observation, Staff A, LPN (Licensed Practical Nurse) was observed administering medications to Resident #1.

A record review of personnel records for Staff A (date of hire:) and Staff B (date of hire: [redacted]) revealed no evidence of completion of a preservice orientation for either Staff A or Staff B.

On [redacted] at 4:15 PM, an interview was conducted with Staff E. She stated she could not confirm that either Staff A or Staff B completed a preservice orientation prior to interacting with residents.

On at 5:25 PM, an interview was conducted with the Administrator. She stated the facility was working on a tracking system to ensure staff receive the proper training timely.

Class III