STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969140	R **03/12/2019**
NAME OF PROVIDER OR SUPPLIER **QUEEN ELAINE ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1210 QUEEN ELAINE DR** **CASSELBERRY, FL 32707**	

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

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on . . . . . at Queen Elaine Assisted Living Facility LLC, Casselberry (LIC#12973) had deficiency at the time of the visit.

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

Based on personnel record review and interview the facility failed to obtain an annual statement from the health care provider for 1 of 3 sampled staff (Staff C) documenting freedom from . . . . . ( ) and failed to obtain for 1 of 3 staff (Staff B) a written statement from a health care provider documenting the staff does not have any signs or symptoms of communicable . . . . . within 30 days of hire.

Findings:

1. Review of Staff B's personnel record on . . . . . hired . . . . , revealed no evidence to confirm she had a written statement from a health care provider documenting if the staff has any signs or symptoms of communicable . . . . . within 30 days of hire.

2. Review of Staff C's personnel record on . . . . . hired . . . . , revealed the last test was taken on . There was no evidence of a current exam from a health care provider for the year 2018.

3. In an interview . . . . . at 11:00am, the administrator confirmed the findings.

Class III