STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967846	C **03/14/2019**
NAME OF PROVIDER OR SUPPLIER **HEIDI'S HAVEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **1215 LASALIDA WAY** **LEESBURG, FL 34748**	

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

0000 - Initial Comments

On , , a biennial relicensure survey with an Emergency Power Plan, (EPP) review was conducted at Heidi's Haven LaSalida Assisted Living. Deficient practice was identified at the time of the survey.

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

Based on record review and interview the facility failed to ensure freedom from communicable for 1 of 3 personnel records reviewed, Staff A, and failed to ensure current freedom from ( ) for 2 of 3 personnel records reviewed, Staff A and the Administrator.

Findings:

Personnel record review for Staff A revealed the file did not contain freedom from communicable or evidence of current freedom from .

Personnel record review for the Administrator revealed the file did not contain evidence of current freedom from .

During the exit conference conducted on at 3:39 PM with the Administrator she confirmed Staff A did not have a freedom from communicable statement in their personnel file. She also confirmed she and Staff A did not have evidence of a current freedom from statement in their personnel files.

Class III