STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966142	C 03/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEIDIS HAVEN	**39106 GRAYS AIRPORT ROAD** **LADY LAKE, FL 32159**

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

0000 - Initial Comments

On [redacted], an unannounced biennial re-licensure survey was conducted at Heidi's Haven Lady Lake assisted living facility in Lady Lake, FL. Deficient practice was identified at the time of the survey.

0083 - Training - First Aid and [redacted] - 58A-5.0191(5) FAC

Based on personnel record review and interview the facility failed to ensure training in First Aid and [redacted] ( ) was completed for 1 of 2 personnel records reviewed, Staff B.

Findings:

Review of the personnel record for Staff B, CNA (Certified Nursing Assistant) revealed the file did not contain documentation of Staff B having completed the required training for First Aid and .

On , at 04:15 PM, during an interview conducted with the Administrator she confirmed there was no documentation of Staff B having completed First Aid and training. The Administrator stated Certified Nursing Assistants have to take First Aid and classes as part of their continuing education requirements.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on facility record review and interview the facility failed to ensure the Comprehensive Emergency Management Plan (CEMP) was submitted to the Lake County Office of Emergency Management for annual review and approval.

Findings:

Review of the CEMP revealed the current approval letter on file was dated .

On , at 03:05 PM, an interview with the facility Administrator was conducted. The Administrator confirmed she had not submitted the CEMP to the Lake County Office of Emergency Management for annual review.

On , at 09:55 AM, a telephone interview was conducted with an Emergency Management

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	AL11966142	C **03/19/2019**
NAME OF PROVIDER OR SUPPLIER **HEIDIS HAVEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **39106 GRAYS AIRPORT ROAD** **LADY LAKE, FL 32159**	

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

Associate with the Lake County Office of Emergency Management. The Emergency Management Associate confirmed the CEMP for the facility had expired and stated that as of . . . . . she has not received the required CEMP documentation from the facility for approval.

Class III

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966142	A. BUILDING: _____ B. WING _____	03/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEIDIS HAVEN	39106 GRAYS AIRPORT ROAD LADY LAKE, FL 32159

(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 biennial re-licensure survey was conducted at Heidi's Haven Lady Lake assisted living facility in Lady Lake, FL. Deficient practice was identified at the time of the survey.	A 000		
A 083 SS=D	58A-5.0191(5) FAC Training - First Aid and (5) 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 that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview the facility failed to ensure training in First Aid and . . . . . (.) was completed for 1 of 2 personnel records reviewed, Staff B.	A 083		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966142	A. BUILDING: _____ B. WING _____	03/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEIDIS HAVEN	39106 GRAYS AIRPORT ROAD LADY LAKE, FL 32159

(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 083	Continued From page 1 Findings: Review of the personnel record for Staff B, CNA (Certified Nursing Assistant) revealed the file did not contain documentation of Staff B having completed the required training for First Aid and . . On . . . . . , at 04:15 PM, during an interview conducted with the Administrator she confirmed there was no documentation of Staff B having completed First Aid and training. The Administrator stated Certified Nursing Assistants have to take First Aid and classes as part of their continuing education requirements. Class III	A 083		
A 181 SS=D	58A-5.026(2) FAC Emergency Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency. (a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised. (b) A new facility as described in Rule 58A-5.023, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. (c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local emergency agency for review and approval. 1. Changes in the name, address, telephone	A 181		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 181	Continued From page 2 number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule. 2. Changes in the identification of specific staff must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and approval. (d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities. (e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on facility record review and interview the facility failed to ensure the Comprehensive Emergency Management Plan (CEMP) was submitted to the Lake County Office of Emergency Management for annual review and approval. Findings: Review of the CEMP revealed the current approval letter on file was dated . On , at 03:05 PM, an interview with the facility Administrator was conducted. The Administrator confirmed she had not submitted the CEMP to the Lake County Office of Emergency Management for annual review. On , at 09:55 AM, a telephone interview was conducted with an Emergency Management Associate with the Lake County	A 181		

Agency for Health Care Administration

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A 181	Continued From page 3 Office of Emergency Management. The Emergency Management Associate confirmed the CEMP for the facility had expired and stated that as of she has not received the required CEMP documentation from the facility for approval. Class III	A 181		