STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964523	04/03/2019
NAME OF PROVIDER OR SUPPLIER **SPRING MANOR ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1780 NW 112 TERRACE** **CORAL SPRINGS, FL 33071**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on [redacted] at Spring Manor Assisted living Inc, License #9038. The facility had deficiencies at the time of the survey.

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on record review and an interview, the facility failed to ensure that 2 out of 3 sampled unlicensed staff members who provided assistance with self-administration of medication had successfully completed the additional 2 hours in continuing education training effective on providing assistance with self-administered medications and safe medication practices in an ALF. (Staff A, B)

The findings included:

An employee record review conducted with the Administrator on [redacted], and revealed Staff A and B had no documentation of the additional 2 hour required training in providing assistance with self-administered medications and safe medication practices in an ALF effective [redacted]. Staff A and B assist residents with medication on their shifts.

Staff A Date of Hire: initial 4 hr. med class dated , 2 hr. annual update , no evidence of the 2 additional required hours effective [redacted]/18
Staff B Date of Hire: initial 4 hr. med class dated , no evidence of the 2 additional required hours effective [redacted]/18

During interviews with the Administrator, on [redacted] at 2:00 PM, she stated that they have not received the additional required (2) two hour medication course focusing on additional responsibilities such as [redacted], and confirmed the findings and no further information provided.

Class III

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

Based on observation, record review and interview, the facility failed to provide a current CEMP Comprehensive Emergency Management Preparedness Plan approved by the local Emergency Management Division.

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	AL11964523	**04/03/2019**
NAME OF PROVIDER OR SUPPLIER **SPRING MANOR ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1780 NW 112 TERRACE** **CORAL SPRINGS, FL 33071**	

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

The findings included:

During a tour on , observation made that the facility did not have evidence of a current CEMP Comprehensive Emergency Management Preparedness Plan approved by the local Emergency Management Division.

A record review conducted of the facility's last CEMP letter dated by the local County Authorities notes an expiration date of . During an interview with the Administrator on at 11:00 AM, she stated the facility submitted their CEMP and it was rejected on . The facility corrected the necessary issue and re-submitted a new plan on to the local Emergency Management officials for review and approval annually. The facility's CEMP is currently pending approval.

The Administrator was present during the survey and confirmed the findings and no further documentation provided.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review, observation, and interview the facility failed to provide a current EECP (Emergency Environmental Control Plan) approval letter by the local Emergency Management Division. Furthermore, the facility failed to develop written policies and procedures for emergency plans and to ensure the facility can effectively operate and maintain the alternate power source, and any fuel required for the operation of the alternate power source.

The findings include:

During an interview, on the Generator Assessment with the Administrator, on at 11:30 AM, she stated that the facility does not have a written policy and procedure on how to maintain and operate the alternative power source, including any additional fuel that is necessary to operate the generator. In addition, the facility has not notified the residents and their representative in writing of the facility's implementation of the plan.

The Administrator confirmed the findings and no further documentation or information provided during the time of the survey.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964523	**04/03/2019**
NAME OF PROVIDER OR SUPPLIER **SPRING MANOR ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1780 NW 112 TERRACE** **CORAL SPRINGS, FL 33071**	

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

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, the facility failed to maintain the employment status of all employees by having current Level 2 Background Screening, for 1 out of 3 Sample Staff Records Reviewed (Staff A).

The findings included:

An employee record review conducted on . . . . . with the Administrator, revealed documentation of a Level 2 Background Screening for Staff A dated . . . . , which is expired. The facility failed to ensure all employees have Level 2 Background Screening completed every 5 years. Further review revealed Staff A Date of Hire was noted as . . . .

The Administrator was present during the survey and confirmed the findings. No further documentation or information provided at that time.

Unclassified