

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/03/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911257	(X3) DATE SURVEY COMPLETED 04/18/2019
NAME OF PROVIDER OR SUPPLIER SIM LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4111 NIGERIA ROAD SEBRING, FL 33875	

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

0000 - Initial Comments

Assisted Living Facility

A re-licensure survey was conducted at the Sim Lodge Assisted Living Facility on The facility had deficiencies at the time of the visit.

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

Based on record review and interview, three of three staff sampled who had been employed at least 30 days (A; C; D) did not have statements from a health care provider attesting to their freedom from communicable ().

Findings included:

Personnel record review during the inspection for Staff A, C, and D (hired and, respectively), revealed no official statements from a health care provider regarding their freedom from signs and symptoms of other communicable All three staff had documentation of freedom from only.

Interview with the administrator at 1:50pm on provided no clarification for this discrepancy.

Class III

0082 - Training - / . . . - 58A-5.0191(4) FAC

Based on record review and interview, one of three staff sampled (D) had not obtained the required training in the (/ . . .).

Findings included:

A personnel record review revealed that Staff D, hired, had no documented evidence verifying that he had obtained the mandatory training in /

Interview with the administrator at 2pm on provided no explanation for this omission.

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