STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965487	R **06/07/2019**
NAME OF PROVIDER OR SUPPLIER **BLOOMFIELD MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2774 WESLEYAN DR** **PALM HARBOR, FL 34684**	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at Bloomfield Manor on . The facility had deficiencies identified at the time of the visit.

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

Based on record review and interview the facility failed to ensure the administrator had written statement from a health care provider, within 30 days of employment, documenting that the administrator did not have any signs or symptoms of a communicable .

Findings included:

During a review of records it was revealed that the Administrator did not have documented proof that he did not have signs and systems of communicable .

A telephone interview was conducted on at 4:00pm with the Owner. The Owner stated that she checked the files at her second facility but did not find the required statement.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965487	R **06/07/2019**
NAME OF PROVIDER OR SUPPLIER **BLOOMFIELD MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2774 WESLEYAN DR** **PALM HARBOR, FL 34684**	

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During a review of records it was revealed that the Administrator did not have documented proof that he did not have signs and systems of communicable .

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Class III