STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965818	11/21/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Lake Mary	150 Middle Street Lake Mary, FL 32746	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D

Specific Tag Findings:

0000-Initial Comments
Complaint inspection CCR#2013010857 was conducted on . . . . . and . . . . .

Emeritus at Lake Mary had a deficiency found at the time of the visit.

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel record review and interview the facility failed to ensure that 1 out of 6 applicable sampled staff members (Staff I) had the required in-service training within the 30 days of employment.

Findings:

On record review noted that Staff I, date of hire did not complete one hour of Incident Report Training and one hour of the Recognizing/ report neglect and training within 30 days of hire.

On , the Executive director (ED) was interviewed at 3: 40 PM. The ED validated Staff I, was only working part time, mostly on weekend and had not had the opportunity to complete the required one hour training for Incident Report Training, Recognizing/ report, neglect and training wit in 30 days of being hired.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Emeritus At Lake Mary
150 Middle Street
Lake Mary, FL 32746

Dear Administrator:

Re: CCR #2013010857

This letter reports the findings of a complaint investigation survey that was conducted on 16-17, 2013, and on by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013,** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Lorraine Henry

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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