STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966599	12/03/2013
NAME OF PROVIDER OR SUPPLIER **Lutheran Haven Assisted Living Facility**	STREET ADDRESS, CITY, STATE, ZIP CODE **1525 Haven Dr Oviedo, FL 32765**	
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
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= B

Specific Tag Findings:

0000-Initial Comments
The re-licensure survey was conducted on

Lutheran Haven Assisted Living Facility had deficiencies found at the time of the visit.

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview the facility failed to ensure 1 of 9 sampled staff (Staff F), who provided direct care, received within 30 days of employment training in Elopement Response Training.

Findings:

Review of personnel files for Staff E, hired on revealed there was no documentation to indicate they had received training within 30 days on elopement response training practices.

In an interview with the administrator at approximately 2:45 PM who stated, she was unable to find the certificate.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on record review and interview the facility failed to ensure copies of certificates for any training required by rule was documented in the facility's personnel files for 2 of 6 sampled staff (Staff E & Staff F).

Findings:

Review of personnel files and the Orientation In-service Sheet revealed the staff had the following training and did not have a certificate that indicated the number of hours for the training/or indicate the training provider's name:

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Staff E, hired on
Resident Rights dated had no hours documented
Safe Food Handling dated had no hours documented

Staff F, hired on
Elopement on no hours were documented
Emergency Preparedness and Evacuation on no hours were documented
Incident Reporting on no were hours were documented or the training provider's name, dated signature and credentials
Resident Rights on no hours were documented
Policy and Procedure on no hours was documented.

In an interview with the administrator on at approximately 2:30 PM who stated she was unable to locate the training certificates and stated a certificate was not issued for all of the training received.

Class

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Lutheran Haven Assisted Living Facility
1525 Haven Dr
Oviedo, FL 32765

Dear Administrator:

Re: Biennial relicensure with LNS

This letter reports the findings of a state licensure survey that was conducted on , 2013 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 **2014,** 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,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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