STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967740	01/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Living Well Community Llc	2222 John Moore Road Brandon, FL 33511	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And , S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments

A biennial state licensure survey was conducted on /

The Living Well Community, LLC, assisted living facility, had deficiencies at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview, the medical examination for one of two residents sampled (#2) did not properly address all required information.

Findings include:

A review of resident records during the survey revealed that the latest medical examination report for Resident #2 from indicated "other--as tolerated" with respect to the diet order and "needs medications administered" regarding the resident's self administration functional capacity. Further review of the file found no clarification of the resident's diet and interview with staff indicated that the facility did not have licensed individuals available to administer pharmaceuticals. Finally, the provider completing the assessment had written a "no" in response to whether the resident's needs could be met in an ALF.

Class III

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

Based on record review and interview, one of three staff sampled (B) had not obtained a statement from a health care provider attesting to this individual's freedom from communicable that had been conducted within the last 6 months. Findings include:

A review of personnel files during the survey revealed that although Staff B had a ( ) statement, this employee's freedom from other communicable evaluation had been signed off on by an LPN--not by the required health care provider (physician; physician assistant; or ARNP). Interview with the designee at approximately 2pm on / confirmed that no other health care professional had assessed this staff person.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967740	**01/15/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Living Well Community Llc	**2222 John Moore Road Brandon, FL 33511**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview, three of three staff sampled (A-C) had not received all the required training within 30 days of employment.

Findings include:

A review of personnel records during the survey revealed the following: Staff B and C (hired and , respectively) had documented evidence of having been trained in 1) the facility's elopement policies/procedures; 2) the facility's emergency procedures including chain of command and staff roles relating to emergency evacuation and incident reporting (major and adverse); and 3) recognizing and reporting , neglect and . In addition, Staff A (hired) had no documentation of having been trained in and neglect recognition/reporting. Interview with the designee at approximately 2:10 p.m. on / provided no clarification.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on record review and interview, one of three staff sampled (C) did not hold current certification in First Aid.

Findings include:

A review of personnel files during the survey found that Staff C, hired and primarily working alone during the midnight shift during the weekend, had no current First Aid certification available for inspection. Interview with the designee at approximately 2:15 p.m. on verified that this document was missing from the record.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review and interview, three of three staff sampled (A-C) had not received formal training in the facility's policies/procedures.

Findings include:

A review of personnel records during the survey revealed that Staff A-C, hired , , and , respectively, had no documentation attesting to the fact that they had received any official training in the facility's policies and procedures regarding . Interview with the designee at approximately 2:15pm on / confirmed that this documentation was missing from these files.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Living Well Community LLC
2222 John Moore Road
Brandon, FL 33511

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2014, 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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