STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964280	03/11/2016
NAME OF PROVIDER OR SUPPLIER **FOREST LAKE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **252 FOREST LAKE BLVD** **DAYTONA BEACH, FL 32119**	

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

0000 Initial Comments

A complaint investigation, CCR #2015012999, was conducted at Forest Lake Manor on I/ . Forest Lake Manor had deficiencies found at the time of the investigation.

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on staff interview and record review, the facility failed to ensure 1 of 3 employees that assist with self-administering of medications received annually a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. (Employee C)

The findings include:

Record review for Employee C found the most recent medication administration training Employee A received was a 2-hour training on I/ .

Record review of the Medication Observation record for Resident #1 and Resident #6 found Employee C signed that he gave both residents medication on at 5:00 PM. Record review of the facility schedule for found Employee C was on the schedule to work the 3:00 PM to11:00 PM shift.

An interview with Executive Director on I/ at 11:33 AM confirmed the findings. She reviewed Employee C's file and could not locate the med tech training. She stated he probable did not get the training.

Class III

0167 Resident Contracts

Based on staff interview and record review, the facility failed to ensure that contract updates related to financial were signed by the resident or power of attorney for 2 of 3 sampled residents. (Resident #10 and #11)

The findings include:

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Record review for Resident #10 found her most recent contract for services was dated I/ with her portion of her rent being $734.68. and the Medicaid waiver portion of $1200.00. Review of the resident fund deposit/withdrawal report found the facility started taking out $696.00 on . There was a Resident change/move out form in the resident record with an effective date of changing Resident #10's portion of the rent to $696.00. The form was not signed by the resident.

Record review for Resident #11 found her most recent contract for services was dated with her rent being $734.68 and the Medicaid waiver responsibility of $1200.00 for a total of $1934.68. Further record review found a Resident Charge change form showing her part of the rent was changed to $900.00 on , 2016. The form was not signed by the resident. Record review of the Resident fund deposit/withdrawal report found $900.00 for rent was withdrawn on I/ . The Administrator stated on I/ at 3:30PM the change occurred I/I/ because Resident #11 went to a private . She stated the resident is now back in a semi private her portion of the rent should be $632.00. She confirmed Resident #11 did not sign she agreed to the rent change.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Forest Lake Manor
252 Forest Lake Blvd.
Daytona Beach, FL 32119

RE: CCR #2015012999

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2016 by a representative 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

NH/JM/sm
Enclosure
XG90

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