STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969289	**11/15/2018**
NAME OF PROVIDER OR SUPPLIER **WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **420 ROPER RD WINTER GARDEN, FL 34787**	

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

0000 - Initial Comments

A Limited Nursing Service (LNS) monitoring visit was conducted on , West, license #13099, had a deficiency at the time of the visit.

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

Based on personnel record reviews and interviews, the facility failed to ensure 1 of 4 personnel records (C) contained documentation of a negative ( ) exam on an annual basis.

Findings:

Caregiver C's personnel record revealed a hire date of . The record contained a statement from a health care provider, dated , documenting freedom from communicable .

The record did not contain documentation of a negative exam annually thereafter.

On at 4:40 p.m. the administrator provided a physician's health statement and form for caregiver C, dated however, the form did not indicate she had a negative exam and was not signed by a health care provider.

Photographic evidence obtained.

Class III