Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964946	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT MELBOURNE	1765 WEST HIBISCUS BLVD MELBOURNE, FL 32901

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments The biennial re-licensure survey was conducted on [redacted] with Limit Nursing Service (LNS). Also conducted was LNS monitoring at Emeritus at Melbourne located at 1765 West Hibiscus Blvd. Melbourne, Florida. There were deficiencies found at the time of the visit.	A 000		
A 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable [redacted] including [redacted] Freedom from [redacted] must be documented on an annual basis. A person with a positive [redacted] test must submit a health care provider ' s statement that the person does not constitute a risk of communicating [redacted] Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable [redacted] he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate	A 078		

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A 078	Continued From page 1	A 078		

resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter.
(c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C.
(d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents.
(e) For facilities with a licensed capacity of 17 or more residents, the facility shall:
1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and
2. Maintain time sheets for all staff.

This Statute or Rule is not met as evidenced by:
Based on observations record review and interview the facility failed to ensure all staff were assigned duties consistent with his/her level of education, training, preparation, and experience and allowed staff to perform care for one 1 of 5 sampled residents (#4).

Findings:

During the facility tour at approximately 9:45 AM staff stated they help resident #4 with the application "It's a joint effort - we help".

Resident record review revealed a health assessment dated that indicated diagnoses of and care. The resident needed assistance

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A 078	Continued From page 2 with self-administration of medications. Further review revealed an order dated [redacted] for continued care. During an interview on [redacted] at approximately 3:30 PM with a direct care staff who works the 3 PM to 11 PM shift revealed she has changed resident #4's bag when needed; because resident#4 is unable to do it without assistance. The staff member further stated that she has been doing this for the last three months. She explained that resident is no longer capable of changing it. In the past the resident was able to change the bag without assistance from staff. At approximately 4:00pm when the administrator was informed of the findings, she stated "I did not know this was happening." Class III	A 078		
A 152	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident [redacted] sleeping area must have at least the following furnishings:	A 152		

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A 152	Continued From page 3 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident [redacted] to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be [redacted] This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure that the air conditioning vents were maintained. Findings: Tour of the facility on [redacted] at approximately 11 AM revealed the air conditioning vents on the ceilings next to [redacted] 52, 62, 64 and 72 had a dark mildew-like substance inside of the vents. Interview on [redacted] at approximately 2:30 PM with the Resident Care Director who stated she	A 152		

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A 152	Continued From page 4 was not aware the vents needed maintenance. Class III	A 152		
AN278	58A-5.031(3) FAC LNS - Records (3) RECORDS. (a) A record of all residents receiving limited nursing services under this license and the type of service provided, shall be maintained. (b) Nursing progress notes shall be maintained for each resident who receives limited nursing services. (c) A nursing assessment conducted at least monthly shall be maintained on each resident who receives a limited nursing service. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the Limited Nursing Services (LNS) services were conducted and supervised in accordance with the prevailing standard of practice in the community and ensured monthly nursing assessments for 1 of 5 sampled residents (#3) were conducted by a Registered Nurse. Findings: Resident record review revealed resident #3 had an Assisted Living Facility health assessment form (1823) dated ..... The resident had diagnoses of , and During entrance to the facility on ..... at approximately 9:45 AM the Resident Care Director (RCD) stated the resident was on LNS for care.	AN278		

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AN278	Continued From page 5 Review of physician's order dated ..... stated care. Review of the LNS monthly nursing assessment for 2012 revealed the assessment was completed by a Licensed Practical Nurse. There was no documentation to review to indicate a Registered Nurse conducted the monthly nursing assessment. Interview with the RCD, who was a Licensed Practical Nurse, on ..... at approximately 2:30 PM who stated she conducted the nursing assessments and the RN, would sign the assessments after she completed them. Class III	AN278		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Emeritus At Melbourne
1765 West Hibiscus Blvd
Melbourne, FL 32901

Dear Administrator:

Re: Relicensure Survey with LNS

This letter reports the findings of a state licensure survey that was conducted on , 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) 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 , 2012 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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC/at
Enclosure: State Form

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