STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966476	07/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Clarke's Assisted Living	48 Emerson Drive Nw Melbourne, FL 32907	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0004 - 58a-5.016 Fac - Licensure - Requirements S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments
The unannounced abbreviated Biennial with Limited Mental Health (LMH) was conducted at Clarke's Assisted Living Facility on . There were deficiencies found at the time of the visit.

0004-Licensure - Requirements 58A-5.016 FAC
Based on interviews the facility failed to obtain prior approval from the Agency Central Office before increasing the capacity.

Finding:

During the entrance conference on , at approximately 9:45 AM, Staff Cstated that there were 6 residents that resided in the home.

On , at approximately 11 AM, resident #3 was asked if we could go to his order to conduct a private interview, resident #3 stated that he slept on the couch.
Through an interview with a representative from the local mental health agency on at approximately 2 PM, it was revealed that there were 7 residents who resided at the facility and her agency provided services for them. She confirmed that resident #3 slept on the couch. She was aware that the facility was only licensed for 6. She stated resident #7 was not currently at the home and had lived in the home for about 2 years and was possibly the last resident admitted.

Review of the facility's admission/discharge log revealed that there were only 6 residents listed.

The administrator stated on at approximately 3 PM that resident #7 would come and go, she was informed that resident #3 stated that he slept on the couch and resident #7 was considered to be a resident of the facility according to the mental health agency that had placed in there.

The administrator stated on at approximately 3 PM that she would find placement for the additional resident.

Class III

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0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure the personnel records for 3 of 4 sampled staff (A, B, D) contained verification of freedom from communicable including

Findings:

Personnel Record review on at approximately 12:30 PM for Staff B hired on had no documentation to confirm that she was free from communicable

The last documentation to confirm that Staff A and D were free from was dated (Due

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC
Based on personnel record review and interview the Administrator had no evidence to confirm that she obtained 12 hours of continuing education in topics related to Assisted Living every 2 years.

Findings:

Personnel record review on at approximately 12:30 PM revealed the Administrator had no documentation to confirm that she had completed 12 hours of continuing education in topics related to Assisted Living Facility (ALF) in the past 2 years. She had 3 training certificates in her file that did not have the hours noted on them.

The administrator confirmed the above findings on at approximately 1 PM.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel record review and interview the facility failed to have evidence that 3 of 4 sampled staff (A, B and C) received the required in-service training.

Findings:

Personnel record review on at approximately 12:30 PM revealed the following:

Staff A was hired ; Staff B was hired Staff C was hired
There were no documentation to confirm that Staff A and C had received a 3 hour in-service training that covered Resident behavior and needs and providing assistance with the activities of daily living.

There was no documentation to confirm that Staff B and C who prepared and served food had received a one hour training in safe food handling practices.

There was no documentation to confirm that Staff A had received a 1 hour in-service training in control, including universal precautions and facility sanitation procedures before providing personal care to residents.

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There was no documentation to confirm that staff C had received a training that covered Resident rights in an assisted living facility and Recognizing and reporting resident neglect and and an in-service training regarding the facility's resident elopement response policies and procedures.

The administrator stated on at approximately 1 PM that the staff did receive the training and she could not locate the certificates.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on personnel record review and interview the facility failed to ensure that 1 of 4 sampled staff (B) had at least one hour of training in the facility's policies and procedures regarding that included all of the information in Rule 58A-5.0186, F.A.C.

Findings:

During an interview with staff B on at 10:30 AM, she was asked if she was aware of the facility's policy and procedure. Staff B stated she was not aware of the facility's policy and procedure regard she stated she had worked at the facility since

Personal record review for Staff B on at approximately 12:30 PM revealed that there was no documentation to confirm that she had obtained at least one hour of training in the facility's policies and procedures regarding O's.

The administrator confirmed on at approximately 1 PM, that staff B had not received the training as required.

Class III

L241-LMH - Records 58A-5.029(2) FAC
Based on record review and interview the facility failed to ensure 2 limited mental health residents in a sample of 7 residents (#1 and #2) had an accurate and individualized community living support plan.

Findings:

Review of the admission and discharge log revealed that resident #1 and resident #2 was listed as Limited Mental Health (LMH) residents.
The administrator stated on at approximately 10:15 AM that resident #1 and resident #2 were both LMH residents and had case managers.
Review of their records revealed that there was no Community living support plan that included the following information in order to determine: the specific needs of the resident which must be met in order to enable the resident to live in the assisted living facility and the community; the clinical mental health services to be provided by the mental health care provider to help meet the resident's needs, and the frequency and duration of such services;
any other services and activities to be provided by or arranged for by the mental health care provider or mental health case manager to meet the resident's needs, and the frequency and duration of such services and activities; the of the facility to facilitate and assist the resident in attending appointments and arranging

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transportation to appointments for the services and activities identified in the plan which have been provided or arranged for by the resident ' s mental health care provider or case manager; a description of other services to be provided or arranged by the facility; a list of factors pertinent to the care, safety, and welfare of the mental health resident and a description of the signs and symptoms to the resident that indicate the immediate need for professional mental health services;
The administrator reviewed the resident's record and stated she may have it somewhere else. She returned with a form that was dated and signed by her and each resident, further review of the form revealed that it addressed some of the above information but it was not individualized according to each resident needs, the form did not address the plan of care as above for the resident nor was it signed by the mental health case manager as required.

The Administrator stated on at approximately 1 PM that she would have the forms completed as required and signed by the resident's case managers.

Class III

L243-LMH - Training 58A-5.0191(8) FAC
Based on personnel record review and interview there was no documentation to confirm that 3 of 4 sampled staff had obtained a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses.

Findings:

Review of the facility's license revealed that it was a Limited Mental Health Mental Health facility.

Personnel record review on at approximately 12:30 PM revealed the following:
Staff A was hired Staff C was hired and staff D the administrator/owner hired in 2004 and there was no documentation to confirm that they had obtained a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses that was provided or approved by the Department of Children and Families with in 6 months of employment.

The administrator/owner stated on at approximately 1 PM that the staff had the above training and she could not locate the certificates.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Clarke's Assisted Living
48 Emerson Drive Nw
Melbourne, FL 32907

Dear Administrator:

Re: Biennial with LMH

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 , **2013,** 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
XG90

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