STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968058	09/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Salus Senior Services	2400 New York St Melbourne, FL 32904	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments
Unannounced complaint inspection CCR#2013008070 was conducted. Salus Senior Care had deficiencies found during the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on observations, record review and interviews the facility failed to ensure that all staff were assigned duties consistent with his/her level of education, training, preparation, and experience and allowed unlicensed staff to provide a nursing service, the application of to 1 of 6 sampled residents (#3).

Findings:

Observations during an interview with Resident #3 at approximately 10:30 AM noted he had on. He stated "they" the staff helped him to put the on as he had and a bad back and could not see it, he needed help.

Resident record review for resident #3 revealed a health assessment report dated that listed (long bone in arm) high and . He needed assistance with all ADL's. Facility note dated indicated nurses from Tender Touch came to report/evaluate; he had low and low level. Facility note dated indicated he was very winded - hard time breathing. Order dated indicated at 2 liters via cannula.

The administrator stated at the time that she was not a nurse and did not know she was not allowed to assist the resident with his

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968058	09/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Z827-Unlicensed Activity 408.812, FS
Based on observation, record review, and interview the facility failed to ensure that they obtained a Limited Nursing Services license before performing the services for sampled resident #1

Findings:

Review of the facility license on at approximately 11AM noted the facility was licensed as a Standard Assisted Living Facility (ALF).

Findings:

Observations during an interview with resident #3 at approximately 10:30 AM noted he had on. He stated "they" the staff helped him to put the on as he had and a bad back and could not see it, he needed help.

Resident record review for resident #3 revealed a health assessment report dated that listed (long bone in arm) high and He needed assistance was needed with all ADL. Facility note dated indicated nurses from Tender Touch came to report/evaluate; he had low and low level. Facility note dated indicated he was very winded - hard time breathing. Order dated indicated at 2 per minute via cannula.

The administrator stated at the time that she did not know she was not allowed to assist the resident with his

Unclassified

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Salus Senior Services
2400 New York St
Melbourne, FL 32904

Dear Administrator:

Re: CCR #2013008070

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

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998