STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968235	10/21/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
At Melbourne	3260 N Harbor City Blvd Melbourne, FL 32935	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= B

Specific Tag Findings:

0000-Initial Comments
Re-licensure survey with Limited Nursing Services (LNS) was conducted on

at Melbourne had deficiencies found at the time of the visit.

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observations and interview the facility did not maintain a 3-day emergency supply of non-perishable milk on hand at all times to meet the nutritional needs of the 96 residents, based on the Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council in the event of an emergency and did not keep the menus as served on file in the facility for 6 months.

Findings:

Interview with the Food Service Manager on at approximately 12:30 PM who stated he was not aware that the menus were required to be dated and kept on file for 6 months.

Observations of the emergency food supply on at approximately 12:45 PM revealed that there were 192 servings of non-perishable milk on hand. The census for the day was 96 and 576 servings were required (96 residents x 2 servings x 3 days).

The Food service manager confirmed on at approximately 2:30 PM that there was not enough non-perishable milk on hand as required.

Class III

N278-LNS - Records 58A-5.031(3) FAC
Based on observation, record review and interview the facility failed to ensure for 1 of 15 residents (#1) who received a Limited Nursing Service (LNS), nursing progress notes were maintained.

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Findings:

Interview with resident #1 on at approximately 12:15 PM revealed the staff was changing a bandage for his toes.

Review of the list of residents who were receiving LNS revealed that resident #1 was not listed.

The Senior Vice President of Operations stated on at approximately 1 PM that the resident did not have anything on his toe; the health care provider ordered the and bandage to satisfy him.

Record review for Resident #1 revealed an health care provider's order dated that noted please apply and new to both great toes twice daily.

Review of the Medication Observation Record revealed that it noted triple ointment apply and there were initials in the spaces on each day.

Further record review revealed that there were no nursing progress notes maintained each time the and the were applied and removed which was a Limited Nursing Service.

The Resident Care Director stated on at approximately 1:30 PM that the facility thought the application and removal of the aid was first aid.

Interview with the facility Licensed Practical Nurse on at approximately 4 PM who stated that she did remove and apply the aid daily and she also applied the to the resident's toe. She stated that there was nothing on the residents toe; however she continued to do the treatment because the order was not discontinued.

The Resident Care Director stated on at approximately 4:30 there should have been nursing progress notes each time the treatment was provided.

Class

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
..... At Melbourne
3260 N Harbor City Blvd
Melbourne, FL 32935

Dear Administrator:

Re: Biennial w/LNS

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

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