STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967736	12/18/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Zion's Assisted Living Facility, Inc	2029 Jupiter Blvd, Sw Palm Bay, FL 32908	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures-12/18/2013
0079-Staffing Standards - Levels-12/18/2013
0082-Training -
0083-Training - First Aid And 18/2013
0093-Food Service - Dietary Standards-
0167-Resident Contracts-
L243-Lmh - Training-1

Revisit Repeat Tags:
0081-Training - Staff In-Service-58a-5.0191(2) Fac
0084-Training - Assis Self-Admin Meds & Med Mgmt-58a-5.0191(5) Fac

Specific Tag Findings:

0000-Initial Comments
12/8/2013 Unannounced revisit to the relicensure survey was conducted.

The facility had deficiencies found during the visit

0081-Training - Staff In-Service 58A-5.0191(2) FAC
DEFICIENCY REMAINED UNCORRECTED

Based on interview and personnel record review the facility had no evidence to confirm that 2 of 3 sampled staff (B and C) received the required hours of the mandated in-service training.

Findings:

Individual personnel record review at proximately 10:30 AM for staff B and C revealed that each had a certificate of in-service training done by the administrator and dated
The certificate indicated 3 hours of training that included Resident Rights in an Assisted Living Facility; Reporting neglect and ; Resident behavior and needs. Providing assistance with the activities of daily living and Reporting major and adverse incidents.

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There was no evidence to confirm the staff were nurses, Home Health Aides or Certified Nursing Assistants (CNAs) and were exempt from taking the Resident behavior and needs and providing assistance with the activities of daily living in-service training.

There was no evidence to confirm the staff had taken the Assisted Living Facility Core therefore exempt from the in-service training relating to Resident Rights in an Assisted Living Facility, Reporting neglect and

The certificates indicated 3 hours of in-service training and these in-services required 5 hours on in-service training.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on interview and personnel record review the facility failed to ensure that 1 of 3 sampled staff (A) obtained 2 hours of continuing education, related to safe medication practices in an assisted living facility that was provided by a licensed registered nurse, or a licensed pharmacist.

Findings:

Personnel record review at proximately 10:30 AM for staff A, revealed a continuing education certificate dated that indicated she took a 2 hours assistance with medication continuing course on- line, not in a class and not provided by a licensed registered nurse, or a licensed pharmacist.

In an interview on at approximately 11 AM with the administrator, she stated she assisted the residents with medications and was not aware that on-line course was not acceptable.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Zion's Assisted Living Facility, Inc
2029 Jupiter Blvd, SW
Palm Bay, FL 32908

RE: Revisit to biennial w/LMH

Dear Administrator:

This letter reports the findings of a revisit survey conducted on . . . . . 18, 2013by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than . 2014.**

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. Should you have any questions please call this office at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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