STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968191	10/14/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Boppa's Home Llc	440 Catalina Ave Nw Melbourne, FL 32907	
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 - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= B

Specific Tag Findings:

0000-Initial Comments
[redacted] re-licensure survey with Limited Nursing Services (LNS) was conducted.

Boppa's Home had deficiencies found during the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure that freedom from [redacted] was documented on an annual basis and by a health care provider for 3of 4 sampled staff (A, B and C).

Findings:

Personnel record at approximately 2 PM revealed the following:

1. Staff A had a [redacted] test result dated [redacted] that was done and read by a nurse, the signature and credentials were unclear and difficult to read.

2. Staff B had a [redacted] test result dated [redacted] that was done and read by a Registered Nurse (RN).

3. Staff C had a [redacted] test result dated [redacted] that was done and read by a nurse the signature and credentials were unclear and difficult to read.

The administrator stated at approximately 2:30 PM that she thought that a Registered Nurse could write/provide that staff with the freedom from yearly.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968191	**10/14/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Boppa's Home Llc	**440 Catalina Ave Nw Melbourne, FL 32907**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on personnel records review and interview the facility failed to ensure that training documentation contained all the required information for 3 of 4 sampled staff (A, B and C).

Findings:

Personnel record at approximately 2 PM revealed the following:

1. Staff A had a sheet that indicated "I have read and understand the following" Emergency procedures, Residents Rights, Facility dvanced Directives, Elopement drills per Boppa's Home policy and procedure , Food safety and nutrition, signed by the staff and dated . The sheet did not indicate the length of the training and the credentials and signature of the trainer.

2. Staff B had a sheet that indicated "I have read and understand the following" Emergency procedures, Residents Rights, Facility dvanced Directives, Elopement drills per Boppa's Home policy and procedure , Food safety and nutrition, signed by the staff and dated . The sheet did not indicate the length of the training and the credentials and signature of the trainer. She had a certificate dated that indicated adverse report training only.

3. Staff C had a sheet that indicated "I have read and understand the following" Emergency procedures, Residents Rights, Facility dvanced Directives, Elopement drills per Boppa's Home policy and procedure , Food safety and nutrition, signed by the staff and dated . The sheet did not indicate the length of the training and the credentials and signature of the trainer. The certificate did not have the date and the signature and credentials of the instructor. The Resident's Rights certificate was not dated. She had a certificate that indicated incident adverse report training, the certificate was not dated.

The administrator stated at approximately 2:30 PM she in serviced the staff and thought the above sheet was enough. She did not realize that certificates of completion were needed. She added that she had really worked hard to have the files in compliance.

Class

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968191	**10/14/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Boppa's Home Llc	**440 Catalina Ave Nw Melbourne, FL 32907**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observations and interview the facility failed to ensure menus to be served were dated and planned at least one week in advance for both regular and therapeutic diets.

Findings:

Observations of the facility's menus posted by the refrigerator at approximately 11 AM noted they were not dated for the week in use, nor was there a separate sheet that indicated the weeks when each menu was used.

The administrator stated at approximately 1 PM that she used cycle 1 for the first week of the month, cycle 2 for the second week of the month and so forth. She had misunderstood and was not aware that the menu needed to be dated for the week used, so she had not dated them.

Class

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Boppa's Home LLC
440 Catalina Ave NW
Melbourne, FL 32907

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 **, 2014,** 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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