STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911311	11/24/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Florida Shores Of Melbourne 1 Alf	2155 Keystone Avenue Melbourne, FL 32904	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= B
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:
0000-Initial Comments
A Complaint inspection CCR#2013007615 was conducted on .

Florida Shores of Melbourne 1 Assisted Living Facility had deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review and interview the facility did not ensure physical . were limited to the use of half bed rails, used only with a biannual, written order from the resident's physician and with the consent of the resident or the resident's representative for 1 of 3 sampled residents (#2).

Findings:

Resident record review revealed an Assisted Living Facility Health Assessment Form (1823) updated on . that stated diagnoses of , anorexia, . and and . She was alert with . and needed precautions. The 1823 was updated on . and stated diagnoses of right hip . and status post open reduction internal fixation of the hip. The resident needed assistance with bathing, dressing, eating, transferring, ambulation and toileting. The resident was on hospice and was unable to raise and lower the rails.

The resident was observed in bed on . at approximately 1 PM with 1/2 half rails up on the bed. Review of the physician order revealed full side rails dated . The order was not signed by the physician and there was no consent available for review for the use of the rails.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911311	11/24/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Florida Shores Of Melbourne 1 Alf	2155 Keystone Avenue Melbourne, FL 32904	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Interview with the administrator on [redacted] at approximately 3:45 PM who was not aware the physician's order for the use of the rails was not signed and the consent was not signed

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 1 of 1 sampled staff D received the required in-service training on [redacted] control before providing care to the residents.

Findings:

Interview with Staff A on [redacted] at approximately 11:45 AM who stated Staff D was in training. He was observed assisting a resident with transferring to a chair. Staff A stated that Staff D was not a caregiver; he helped clean the floor and did yard work. Staff D's employee file was requested on [redacted] at approximately 1:30 PM. Staff A stated he did not have an employee file

There was no documentation to indicate he had training in [redacted] control before providing care to the residents.

Phone interview with the administrator on [redacted] at approximately 3:45 PM who stated Staff D had previous training at another Assisted Living Facility. The administrator was unable to present documentation of training in [redacted] control.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on menu review, observations and interview the facility failed to serve food for regular and therapeutic diets, according the menu that was to be prepared and served for the day.

Findings:

Interview with resident #6 and resident #7 who were alert and oriented on [redacted] at approximately 1:55 PM who stated they only got chicken noodle soup and a muffin for dinner last night.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911311	11/24/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Florida Shores Of Melbourne 1 Alf	2155 Keystone Avenue Melbourne, FL 32904	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Interview with Staff C on [redacted] at approximately 2:55 PM who stated dinner last night they had chicken noodle soup, hot dog sandwich and a muffin.

Interview with a family member 3 PM on [redacted] who stated the evening meal could improve, it was not enough food.

Review of the menu signed by the dietitian on [redacted] for [redacted] dinner revealed 3 ounces of veal patty, 1 ounce of gravy, ½ cup buttered noodles, ½ cup carrots, 1 slice of bread, ½ cup rice pudding and 8 ounces of milk. There was no substitution documented for the meal.

Phone interview with the administrator on [redacted] at approximately 3:45 PM who was not aware the menu was not being followed.

Class III

0160-Records - Facility 58A-5.024(1) FAC
Based on record review and interview the facility failed to ensure an up-to-date admission/discharge log was maintained for 1 of 3 sampled residents (#3).

Findings:

There was no documentation to review to indicate the facility had an up to date admission/discharge log with resident #1's name on it.

Interview with the administrator on [redacted] at approximately 3:45 PM who stated the resident was respite and had stayed long and he did not have her listed on the admission/discharge log.

Class [redacted]

0161-Records - Staff 58A-5.024(2) FAC
Based on review of personnel files and interview the facility failed to have a copy of the original employment application with references for 1 of 1 sampled staff (Staff D).

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911311	11/24/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Florida Shores Of Melbourne 1 Alf	2155 Keystone Avenue Melbourne, FL 32904	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Interview with Staff A on at approximately 11:45 AM who stated Staff D was in training. He was observed assisting a resident with transferring to a chair. Staff A stated that Staff D was not a caregiver; he helped clean the floor and did yard work. Staff D's employee file was requested on at approximately 1:30 PM. Staff A stated he did not have an employee file.

There was no documentation to indicate he had an employment application with references.

Phone interview with the administrator on at approximately 3:45 PM who stated he was not aware Staff D was providing care and he was unable to present documentation of his employment application.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on record review and interview the facility failed to ensure 1 of 1 sampled staff (Staff D) was in compliance with Level II Background Screening requirements.

Findings:

Interview with Staff A on at approximately 11:45 AM who stated Staff D was in training. He was observed assisting a resident with transferring to a chair. Staff A stated that Staff D was not a caregiver; he helped clean the floor and did yard work. Staff D's employee file was requested on at approximately 1:30 PM. Staff A stated he did not have an employee file.

Staff D, a caregiver, date of hire unknown, did not have documentation to review to indicate he was in compliance with Background Screening. Review of background screening results revealed the staff had a Level 1 background screening dated

Interview with the administrator on at approximately 3:45 PM who stated the staff member had background screening while working at another Assisted Living Facility and was not aware he provided direct care.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Florida Shores Of Melbourne 1 Alf
2155 Keystone Avenue
Melbourne, FL 32904

Dear Administrator:

Re: CCR #2013007615

This letter reports the findings of a complaint investigation 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

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