STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964946	01/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Melbourne	1765 West Hibiscus Blvd Melbourne, FL 32901	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
Limited Nursing Services monitoring conducted.

The facility had deficiencies found during the visit.

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on personnel record review and interview the facility failed to ensure the training certificates for 1 of 5 sampled staff (#D) contained all the required information.

Findings:

Personnel record review for staff # D at approximately 5 PM revealed she was hired . Continued review revealed no evidence to confirm she had attended a one-time education course on and . There was no evidence the staff who had incidental contact with the residents in the memory care unit, was given at a minimum, general information on interacting with individuals with or other related , within 3 months after beginning employment.

The executive director was given the opportunity to locate the documentation.

In a telephone interview with the executive director on at approximately 2 PM, she stated she was unable to locate any additional documentation for staff # D and would have to say she did not have it.

An electronic mail (e-mail) was received on at approximately 7 PM that included an and and or other related certificates. However the training were done electronic, at home study programs and the certificates did not contain the training provider's name, dated signature and credentials and professional license number, if

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applicable. The certificates indicated it was a podcast and did not have the date, time of the training.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on interview and record review the facility failed to ensure that the personnel record for 1 of 5 sampled staff (#D) contained all the required documentation that included copies of all licenses or certifications required licensing or certification and a yearly freedom from ..... healthcare provider statement.

Findings:

Personnel record review for staff # D at approximately 5 PM revealed no evidence to confirm that staff #C had current ..... certification. Continued review revealed the last freedom from ..... statement was dated ..... There was no evidence the staff obtained a statement from healthcare provider to confirm freedom from ..... yearly (due

The executive director was given the opportunity to locate the documentation.

In a telephone interview on with the executive director on ..... at approximately 2 PM, she stated she was unable to locate any additional documentation for staff D and would have to say she did not have it.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Emeritus At Melbourne
1765 West Hibiscus Blvd
Melbourne, FL 32901

Dear Administrator:

Re: LNS monitoring

This letter reports the findings of a state licensure survey that was conducted on . 2014 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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