STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967775	03/04/2014
NAME OF PROVIDER OR SUPPLIER **Christie's Place Assisted Living Facility**	STREET ADDRESS, CITY, STATE, ZIP CODE **471 Almansa Street Ne** **Palm Bay, FL 32907**	
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 - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= B
St - A - 0164 - 58a-5.024(4) Fac - Records - Inspection Availability S-S= D

Specific Tag Findings:
0000-Initial Comments
A biennial re-licensure survey was conducted on

Christies Place 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 failed to ensure that the use of was limited to half-bed rails and only upon the written order of resident's physician and responsible party for 2 of 5 residents (#1 and #2).

Evidence:

During Tour of facility on a 9:20 AM it was observed that the beds of resident #1 and resident #2 have full side rails attached.

1. Interview conducted on with staff B at 11:50 AM who stated the rails are used at night when the residents are in bed. She had no knowledge of any physician orders.

Resident Record Review conducted on for resident #1 revealed a Facility Health Assessment Form (AHCA form 1823) dated with diagnoses of A-Fib, Type II, and The physician indicated the resident requires assistance with self-administration of medication and supervision with activities of daily living. Review of the complete file revealed there was no physician order for side rails.

2. Resident Record Review conducted at 1:00 PM for resident #2 revealed a Facility Health Assessment Form (AHCA form 1823) dated with diagnosis of Left knee
History of mild
The physician indicated the resident requires assistance with self-administration of medication and supervision with activities of daily living. Review of the

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complete record revealed there is no physician order for side rails

Class III.

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation and interview the menu was not conspicuously posted or easily available to the residents during the biennial survey on

Evidence:

During the tour of kitchen conducted at 11:10 AM staff B was asked to point out where the menu was posted. She walked to the area where an empty plastic file was hanging and stated it was there this morning; the administrator must have moved it.

Telephone interview conducted on with administrator at 11:20 AM who stated she had removed the menu to check that the weekly dates are correct. She cannot recall where she left it. The administrator was unable to return to the facility at the time of the survey

Class

0164-Records - Inspection Availability 58A-5.024(4) FAC
Based on observation, record review and interview the facility did not ensure all facility records were available at the time of the survey. Employee records were locked in a cabinet that only the administrator has a key to unlock. Surveyor had to return the next day to obtain access to the employee records.

Evidence:

Interview conducted on at 11:30 AM with staff B who was present at the time of survey the employee records are locked in a file cabinet and the only key is held by the owner/administrator.

Telephone interview on at 12:00 PM with the administrator stated that she is working outside the home today and will try to get coverage however she may not be able to return to the home until 7:00 PM.

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Telephone interview conducted on at 2:30 PM with Administrator who was informed that surveyor had completed all other tasks and was in need of the employee files. Administrator is still trying to get coverage. Administrator was informed that surveyor would return at a later date.

During an interview on at 10:45 PM with staff B who stated that the administrator is due at the facility in the next 15 minutes.

In an interview on with administrator who unlocked the file drawer and was able to provide the employee records. She stated she will leave a copy of the key in the home for the future.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Christie's Place Assisted Living Facility
471 Almansa Street NE
Palm Bay, FL 32907

Dear Administrator:

Re: Biennial relicensure

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

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