STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967844	04/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Nomel's ALF Inc #2	332 Biscayne Lane Sebastian, FL 32958	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D

Specific Tag Findings:

0000-Initial Comments
An Assisted Living Facility unannounced Relicensure survey was conducted on 2014 at Nomel's ALF Inc. #2. The facility had licensure deficiencies found at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and an interview, the facility failed to ensure the Medication Observation Record (MOR) was accurate and up-to-date, for 1 of 3 sampled residents (Resident #1).

The findings include:

On at 9:00 AM, the 2014 MOR was reviewed for Resident #1 and the following discrepancies were identified:

a) Three medications to be given at 8:00 PM were not documented as given on and Doneprezil
b) Two copies of the same MOR for 2014 were on file and initialed, indicating the resident received double the doses of all of her medication daily.

During interview with the Administrator at 1:00 PM on she confirmed that the second page of the MOR was a duplicate and all of Resident #1's medications had been initialed as being given more than prescribed (double) in error and that the 8:00 PM medications were given to the resident on but had not been documented yet.

Class III

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

0083-Training - First Aid and ... 58A-5.0191(4) FAC
Based on record review and an interview, the facility failed to ensure that at least one staff member trained in both First Aid and , as provided under Rule 58A-5.0191, was in the facility with residents at all times.

The findings include:

An interview with the Administrator was conducted on ... at approximately 11:00 AM, revealed the following. It was revealed that the facility had a Resident Aide (Staff A) who was left in sole charge of residents most days and nights. The Administrator (Staff B) also was left in sole charge of residents at various times during the week.

Review of the personnel file for the Administrator and Staff A revealed both files did not have documentation of current training in both ... and First Aid. The Administrator was interviewed again at 1:00 PM and confirmed that there was not always a staff member present with residents who was trained in both ... and First Aid.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on record review and an interview, the facility failed to ensure that 1 out of 1 sampled staff member (Staff B/Administrator) who was the person responsible for the facility's food service and the day-to-day supervision of food service staff had obtained, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an ALF.

The findings include:

The Administrator was interviewed on ... at approximately 8:30 AM and stated she is the person responsible for the facility's food service and the day-to-day supervision of food service. Documentation of a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an ALF was requested at this time. There was no documentation of this training dated within the previous year available for review. The Administrator was interviewed again at approximately 12:00 PM on this date and confirmed that the documentation was not present and available for review.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

Administrator
Nomel's ALF Inc #2
332 Biscayne Lane
Sebastian, FL 32958

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on . 2014 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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