STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967269	04/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Serenity Place Ii Alf	256 Barbarossa Rd Nw Palm Bay, FL 32907	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= B

Specific Tag Findings:

0000-Initial Comments
The re-licensure survey was conducted on Serenity Place II Assisted Living Facility had deficiencies found at the time of the visit.

0007-Admissions - Criteria 58A-5.0181(1) FAC
Based on observation record review and interview the facility failed to take into consideration the accuracy of information on the Health Assessment Form (1823) that assessed the resident as requiring a 24 hour nursing or facility which was in excess of the level of care the facility was licensed to provide for 1 of 2 sampled residents (#2).

Findings:

Record review for resident #2 revealed a Resident Health Assessment form 1823 that was dated that noted the resident had diagnosis of Dementia and Hypertension. Further review of the 1823 revealed it noted that she posed a danger to herself and others and in the comment section it noted and risk".

During an interview with Staff D on at approximately 1 PM, she stated she was not aware that the form noted the above information and she made a telephone call to the health provider's office for clarification.

During a telephone interview on at approximately 1:15 PM with the health care provider's office staff, she stated that the health care provider had completed the form based on the resident's history. She stated that she would have to speak with the health care provider who was not in the office at the time to determine if the form was accurate.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure that 1 of 4 sampled staff (C) who was a newly hired staff had a statement from a health care provider

that was based on an examination that was conducted within the last six months, that she did not have any signs or symptoms of a communicable including within 30 days of employment.

Findings:

Personnel record review for Staff C hired revealed that her statement confirming that she was free from any signs or symptoms of a communicable disease was dated 7/3/13 (3 months after hire) and there was no documentation found to confirm that she was free from

During an interview with Staff D on at approximately 1:30 PM she confirmed the findings.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and interview the facility failed to ensure that 1 of 2 sampled residents (#2) who received assistance with the supervision of self-administered medications from unlicensed staff, had a signed informed consent form that indicated whether the unlicensed staff would or would not be supervised by a nurse.

Findings:

Record review and review of the medication observation records revealed that resident #2 received assistance with the self-administration of her medications. Further record review revealed there was no signed informed consent form that indicated whether the unlicensed staff would or would not be supervised by a nurse found in her record that was provided to the resident or her representative.

During an interview with Staff D on at approximately 11 AM, she confirmed that there was no informed consent form in the record. She stated that the family member did sign the consent form and she could not locate it.

Class

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Serenity Place II ALF
256 Barbarossa Rd NW
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

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