| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967254 | 04/22/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Ark Center Of Brevard | 1574 Manzanita Street Palm Bay, FL 32907 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt 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
An abbreviated re-licensure survey was conducted on Ark Center of Brevard had deficiencies found at the time of the visit.

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record personnel record review and interviews the facility failed to ensure 2 of 4 staff (A & B) received all the mandated in-service training within the required time frames; staff # B did not have a 1- hour in-service training regarding recognizing neglect and and resident's rights: staff A did not have the 1 hour control in-service training before she provided care to the facility residents.

Findings:

In an interview with staff A on at approximately 9 AM who stated there were 4 residents and she was alone at the moment. She called the administrator and the administrator arrived approximately 45 minutes later.

In another interview with staff A on at approximately 9 AM who stated she started to work about 1 week ago. She had gotten paid once. The "regular" staff was on leave and she was filling in. She added that she did not have all the training required; they were "working on it", however she had experience as she had cared for other people before. She added she was not a Certified Nursing Assistant (CNA) or Home Health Aide (HHA).

Review of the facility schedule for 2014 revealed she started to work on On she was scheduled to work alone from 8 AM to 8 PM. Observations noted that she provided personal care to the facility residents.

Personnel record review at approximately 3 PM for staff A revealed no evidence to confirm

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967254 | 04/22/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Ark Center Of Brevard | 1574 Manzanita Street Palm Bay, FL 32907 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

she received a 1 hour in-service training regarding the facility's control policies before she provided care to the residents. There was no evidence to confirm she was a nurse, CNA or HHA, therefore exempt from the training.

Personnel record review at approximately 3 PM for staff B revealed she was hired Continued revealed no evidence to confirm she received a minimum of 1 hour in-service training in recognizing neglect and and resident's rights.

In an interview with the administrator on at approximately 3 PM who stated staff A was a new hire and staff B had to take emergency leave. She was in the process on getting all the training/in-services done but had not completed them. As for staff B, she was sure she had the /neglect and and resident's rights in-service training. An opportunity was provided to submit the documentation by electronic mail by close of business An e-mail was not received.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on personnel record review and interviews the facility failed to ensure that a staff member who had completed courses in both, First Aid and Cardio-puln and held a currently valid card documenting completion of such courses was in the facility at all times.

Findings:

In an interview with staff A on at approximately 9 AM who stated there were 4 residents and she was alone at the moment. She called the administrator and the administrator arrived approximately 45 minutes later.

In another interview with staff A on at approximately 9 AM who stated she started to work about 1 week ago. She had gotten paid once. The "regular" staff B was on leave and she was filling in.

Review of the facility schedule for 2014 revealed she started to work on On she was scheduled to work alone from 8 AM to 8 PM. Observation noted that she provided personal care to the facility residents.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967254 | 04/22/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Ark Center Of Brevard | 1574 Manzanita Street Palm Bay, FL 32907 | |

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

Personnel record review at approximately 3 PM for staff A revealed she had a current valid certification card that expired . . . . . Continued review revealed no evidence to confirm current certification in First Aid.

In an interview with the administrator on . . . . . at approximately 3 PM who stated staff A was a new hire, as an emergency and she did not realize that she did not have First Aid.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on observations and interviews the facility failed to ensure 1 of 2 unlicensed staff in a sample of 4 (B) who provided assistance with self-administered medications completed a 4 hour class prior to assuming the responsibly.

Findings:

Personnel record review at approximately 3 PM for staff B revealed she was hired . . . . . and was a live-in caregiver. The review revealed she attended a 2 hour medication update training on . . . . . and . . . . . Continued review revealed no evidence to confirm she attended the 4 hour initial training on providing assistance with self-administration of medications in an assisted living facility.

In an interview with the administrator on . . . . . at approximately 3 PM who stated she was sure she had the 4 hour medication training. An opportunity was provided to submit the documentation by electronic mail by close of business . . . . . An e-mail was not received.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on personnel record review and interviews the facility failed to ensure 1 of 4 staff (A), whom was in a role that required a background screening done.

Findings:

In an interview with staff A on . . . . . at approximately 9 AM who stated there were 4 residents and she was alone at the moment. She called the administrator and the administrator arrived approximately 45 minutes later.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967254 | 04/22/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Ark Center Of Brevard | 1574 Manzanita Street Palm Bay, FL 32907 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

In another interview with staff #A on [redacted] at approximately 9 AM who stated had started to work about 1 week ago. She had gotten paid once. The "regular"staff was on leave and she was filling in.

Review of the facility schedule for [redacted] 2014 revealed she started to work on [redacted]. On [redacted] she was scheduled to work alone from 8 AM to 8 PM. Observation noted that she provided personal care to the facility residents.

Personnel record review at approximately 3 PM for staff A revealed no evidence to confirm she received a 1 hour in-service training regarding the facility's [redacted] control policies before she provide care to the residents. There was no evidence to confirm she was a nurse, CNA or HHA, therefore exempt from the training.

In an interview with the administrator on [redacted] at approximately 3 PM who stated staff A was a new hire and staff B had to take emergency leave. She was in the process on getting all the paperwork done but a background screening was not done. She had an appointment for [redacted]. The surveyor asked if staff A had been fingerprinted at her previous job and the administrator said no.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Ark Center Of Brevard
1574 Manzanita Street
Palm Bay, FL 32907

Dear Administrator:

Re: Biennial w/LNS (abbreviated)

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