STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967440	05/19/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Banana River Villas	1275 N Banana River Drive, Unit 5 Merritt Island, FL 32952	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0076 - 58a-5.0186 Fac - [illegible] S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
Change of Ownership survey (CHOW) with Limited Nursing Services (LNS) was conducted on [illegible] Banana River Villas had deficiencies found at the time of the visit.

0053-Medication - Administration 58A-5.0185(4) FAC
Based on record review and interview the facility failed to have a nurse available to administer medications to 1 of 2 sampled residents (#1).

Findings:

Resident record review for resident #1 revealed an Assisted Living Facility Health Assessment form (1823) dated [illegible] that indicated diagnoses of [illegible] type 2 and [illegible]. The 1823 indicated the resident needed medications administered.

Review of the [illegible] 2013 Medication Observation Record revealed it was initialed by the unlicensed staff on [illegible] through [illegible].

Review of the staff schedule for [illegible] through [illegible] revealed the unlicensed staff/Med Tech worked and assisted the residents with self-administration of medications. The facility did not have a licensed nurse to administer medications to the resident.

In an interview with the owner [illegible] at approximately 3 PM who stated they were not aware the resident needed his medications administered by a nurse.

Class III

007[illegible] 58A-5.0186 FAC
Based on resident record review and interview the facility failed to have accurate written policies and procedures, which delineate its position with respect to state laws and rules

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relative to for 2 of 2 sampled residents (#1 & #2).

Findings:

Review of the Facility's Policy and Procedure revealed it did not include the following provision:

(3) PROCEDURES. Pursuant to Section 429.255, F.S., an ALF must honor a properly executed as follows:

(b) In the event a resident is receiving hospice services and experiences , facility staff must immediately contact the hospice. The hospice procedures shall take precedence over those of the assisted living facility.

Record review for residents #1 and #2 revealed that there was no documentation to confirm that they were made aware of the above provision regarding as required.

During an interview with the owner on at approximately 3 PM, he stated that the above provision was not included in the facility policies and procedures as required.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview the facility failed to ensure all staff were assigned duties consistent with his/her level of education for 1 of 2 sampled residents (#1) and did not administer medications to the resident.

Findings:

Resident record review for resident #1 revealed an Assisted Living Facility Health Assessment form (1823) dated that indicated diagnoses of type 2 and . The 1823 indicated the resident needed medications administered.

Review of the 2013 Medication Observation Record revealed it was initialed by the unlicensed staff on through .

Review of the staff schedule for through revealed the unlicensed staff worked and administered medications to the resident.

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In an interview with the owner on [redacted] at approximately 3 PM who stated they were not aware the resident needed his medications administered.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview the facility failed to ensure unlicensed staff had the required one hour of [redacted] Control and 3 hours of Activities of Daily Living training for 1 of 3 sampled staff (Staff B) within 30 days of hire.

Findings:

Review of personnel files revealed:

Staff B was hired in [redacted] 2014 review of his personnel record revealed no documentation to confirm he received the above required training within thirty days of hire was completed.

In an interview with the owner on [redacted] at approximately 3 PM who stated he did not have the required training and thought it was included in the Assisted Living Facility Administrator's training.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on record review and interview the facility failed to ensure menus were dated and planned at least one week in advance and kept on file for 6 months.

Findings:

Review of the cycle menus revealed the menus were signed by the dietitian on [redacted] however they were not dated, planned one week in advance, or kept on file since the Change of Ownership.

In an interview with the owner on [redacted] at approximately 4 PM who stated the menus were not dated, planned a week in advance, or kept on file as required.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Banana River Villas
1275 N Banana River Drive, Unit 5
Merritt Island, FL 32952

Dear Administrator:

Re: Change of Ownership w/LNS

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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