STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966794	07/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Serenity Place Alf	490 Brighton Ave Ne Palm Bay, FL 32907	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0163 - 429.49 Fs - Records - Resident, Penalties For Alteration S-S= G

Specific Tag Findings:

0000-Initial Comments
A complaint investigation # 2014002960 in conjuction with complaint investigation # 2014002910 was conducted at Serenity Place Assisted Living Facility on . The complaint allegatons were not substantiated. But deficiencies were identified at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview the facility failed to have documentation within 30 days of hire a written statement from a licensed Health Care Provider documenting that 1 of 3 staff (A) did not have signs and symptoms of communicable . Also, there was no evidence of freedom from being documented on annual basis for 2 of 3 staff files reviewed (A & C).

Findings:

1. Employee record review on at 10:40 AM for staff A, who was hired as the administrator on revealed the facility failed to have documentation within 30 days of hire a written statement from a licensed Health Care Provider documenting that the individual does not have signs and symptoms of communicable including

2. Employee record review on at 10:55 AM for staff C who was hired on a statement dated signed by a licensed Health Care Provider documentation freedom from signs and symptoms of communicable including

Interview conducted on at 2:00 PM with the administrator who stated she does have documentation of freedom from communicable including for herself and for Staff C. She recently took the employee files home in order to organize them. She feels she left some of the documentation at home.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966794	07/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Serenity Place Alf	490 Brighton Ave Ne Palm Bay, FL 32907	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0163-Records - Resident, Penalties for Alteration 429.49 FS
Based on record review and interview the facility did not ensure the medical examination statement from the health care provider was not alter or falsified for1 of 3 staff files reviewed (C).

Findings:

Record Review conducted on at 10:40 AM for staff C revealed a Physical Examination Certificate signed by an ARNP dated documenting freedom from communicable

Interview conducted on with the administrator who stated that she believed the staff had updated the statement for this year since The administrator stated she would scan and send the updated document to the surveyed via e-mail.

The scanned copy of document reviewed via e-mail on from the administrator revealed a Physical Examination Certificate signed by an ARNP dated The date on the document was changed from 2013 to 2014. The "4" in 2014 had been written over a "3".

Telephone Interview conducted on at 11:40 AM with ARNP who signed the Physical Examination Certificate. ARNP stated she had reviewed the office records and discovered she signed the form on The patient (staff C) has not been to their office for an updated exam since that date. The document presented to surveyor with the date was not signed by her. She is faxing the original form she signed in 2013

Telephone interview conducted on at 3:00PM with the administrator who stated that staff C left the document in her box and she did not review it before sending to the surveyor. The documentation should have been in the staff's file at the time of the survey since the annual statement was due

Class II

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Serenity Place Alf
490 Brighton Ave Ne
Palm Bay, FL 32907

RE: CCR #2014002966

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation 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 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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