STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963814	08/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bv Assisted Living Inc.	2127 W. New Haven Avenue West Melbourne, FL 32904	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
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 - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:
0000-Initial Comments
The re-licensure survey was conducted on BV Assisted Living Facility had deficiencies found 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 ensure 4 of 4 sampled staff (Staff A, B, C and D) had documentation of annual assessment for signed by the healthcare provider and 1 of 4 sampled staff (A) had freedom from communicable statement.

Findings:

Review of personnel files revealed:
Staff A test result dated was signed by Registered Nurse and there was no documentation of freedom from communicable
Staff B test dated was signed by the RN
Staff C had no documentation to review to indicate a test was completed
Staff D test dated was signed by Licensed Practical Nurse.

In an interview with the administrator on at approximately 3:30 PM who stated she was not aware the test needed to be signed by the healthcare provider and she was unable to locate the test for Staff C.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel record review and interview the facility failed to ensure that 1 of 4 sampled staff (B) received the required in-service training within 30 days of hire.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963814	08/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bv Assisted Living Inc.	2127 W. New Haven Avenue West Melbourne, FL 32904	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Findings:

Personnel record review for Staff B revealed she was hired on [redacted] and the following training was not received within 30 days: 1. Emergency Preparedness and Evacuation Training and 2.Incident reporting.

During an interview with the Administrator on [redacted] at approximately 4 PM, she stated staff B did have the training but the certificates were not available. Opportunity was provided for the administrator to obtain the certificates by [redacted] at noon. No certificates were received.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and interview the facility failed to ensure 1 of 4 sampled staff (C) an unlicensed staff who assisted with self-administration of medications, received the required 4 training in providing assistance with medications and safe medication practices in an Assisted Living Facility provided by a Registered Nurse (RN) or Registered Pharmacist (RPh).

Findings:

Review of personnel files for Staff C, an unlicensed staff who assisted with self-administration of medications, revealed documentation of 4 hours of medication training on [redacted] signed by a Licensed Practical Nurse (LPN). There was no documentation that indicated staff A had completed the required initial 4 hours of training in providing assistance with medications and safe medication practices in an assisted living facility (ALF) provided by an RN or RPh.

In an interview with the administrator on [redacted] at approximately 3:30 PM who stated she was not aware the LPN signed the certificate.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on interview the dietary manager who was responsible for the facility's food service and the day-to-day supervision of food service staff failed to have evidence he had completed a minimum of 2 hours continuing education each year in topics pertinent to nutrition and food service in an ALF.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963814	08/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bv Assisted Living Inc.	2127 W. New Haven Avenue West Melbourne, FL 32904	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Findings:

During an interview with the dietary manager on [redacted] at approximately 12:45 PM he stated he was responsible for the facility's food service. He further stated he had been the dietary manager for over a year and he was not aware that he was required to obtain a minimum of 2 hours continuing education each year in topics pertinent to nutrition and food service in an ALF.

Class III

0090-Training - [redacted] 58A-5.0191(11) FAC
Based on personnel record review and interview the facility failed to ensure that 1 of 4 sampled staff (B) received the required training for [redacted] within 30 days of hire.

Findings:

Personnel record review for Staff B revealed she was hired in [redacted] and the following training was not received within 30 days: [redacted]

During an interview with the Administrator on [redacted] at approximately 4 PM, she stated the staff did have the training but the certificates were not available. An opportunity was provided for the administrator to obtain the certificates by [redacted] at noon. No certificates were received.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observations and interview the facility failed to maintain a 3-day emergency supply of water and non-perishable vegetables to meet the nutritional needs of the residents that resided in the facility in the event of an emergency.

Findings:

The facility's current census was 43 residents
During observations of the emergency food supply on [redacted] at approximately 12:30 PM, there was no non-perishable vegetables and 1548 ounces were required (12 ounces x 43 residents x 3 days. There was no water available and 129 gallons were required (43 residents x 1 gallon per day x 3 days).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963814	**08/05/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bv Assisted Living Inc.	**2127 W. New Haven Avenue West Melbourne, FL 32904**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

During an interview with the Dietary Manager on at approximately 12:30 PM he stated there were no non-perishable vegetables and water available.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Bv Assisted Living Inc.
2127 W. New Haven Avenue
West Melbourne, FL 32904

RE: Biennial relicensure

Dear Administrator:

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 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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com