STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967587	08/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Brennity At Melbourne	7365 Orchestra Ln Melbourne, FL 32940	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0009 - 58a-5.0181(3) Fac - Admissions - Admission Package S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

0000-Initial Comments
Complaint investigation #20014006963 was conducted on [redacted]. The Brennity at Melbourne had deficiencies found at the time of the visit.

0009-Admissions - Admission Package 58A-5.0181(3) FAC
Based on record review and interview the facility failed to ensure the admission packet given to residents and or families contained all the required components.

Findings:

Review of the facility's admission packet on [redacted] at approximately 1 PM revealed it did not include the facility's resident elopement response policies and procedures. The packet included Advanced Directives but not the facility's [redacted] policies and procedures.

Resident record review on [redacted] at approximately 2 PM from residents #1, #2, #3, and #4 revealed no evidence they were given upon admission, the facility's [redacted] policies and the resident elopement response policies and procedures.

In an interview on [redacted] at approximately 2:30 PM with the Executive Director who stated that she was the person who reviewed the admission packet and contracts with the residents. After reviewing the admission packet, she stated that the actual [redacted] and elopement policy were not included in the packet.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on record review and interview the facility failed to ensure that 4 of 4 sampled resident records (#1, #2, #3 and #4) contained an informed consent form that contained all the requirements of 429.256 Florida Statue, regarding assistance with self-administration of medications from unlicensed staff.

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Findings;

Review of the facility's admission packet on at approximately 1 PM revealed an informed consent form. Further review of the form revealed it did not indicate if the unlicensed facility staff, which assisted the residents with self-administration of medications, would or not be overseen by a licensed nurse.

Resident record review on at approximately 2 PM from residents #1, #2, #3 and #4 revealed no evidence they were given upon admission a completed informed consent regarding assistance with self-administration of medications that indicated if the facility staff would be or not be overseen by a licensed nurse.

In an interview on at approximately 2:30 PM with the Executive Director who stated she thought the consent met the requirement.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Brennity At Melbourne
7365 Orchestra Ln
Melbourne, FL 32940

RE: CCR #2014006963

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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