STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964946	09/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Melbourne	**1765 West Hibiscus Blvd Melbourne, FL 32901**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment 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 - 0082 - 58a-5.0191(3) Fac - Training - [redacted] S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - [redacted] S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= B
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Initial Comments
The biennial re-licensure survey with Limited Nursing Service (LNS) was conducted on [redacted]
Emeritus at Melbourne Assisted Living Facility had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview the facility failed to ensure that 2 of 12 sampled residents (#1 & #7) had a face-to-face medical examination by a health care provider at least every 3 years after the initial assessment or after a significant change, whichever comes first.

Findings:

1. Resident record review revealed that Resident #7 she was admitted on [redacted] and the Initial Agency for Healthcare Form 1823 was dated [redacted] Further review revealed no update to the initial assessment.

In an interview with the Regional Nurse at approximately 3:00 PM on [redacted] it was revealed that there was no updated 1823. The Regional Nurse stated she would get one.

2. Resident record review for resident #1 revealed he was admitted on [redacted] and the admission 1823 was date [redacted] The resident was admitted to hospice on [redacted] There was no documentation to review that indicated an 1823 was completed when he was admitted to hospice.

In an interview with the regional nurse on [redacted] at 1:50 PM who stated the resident needed a new 1823.

Class III

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

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview the facility failed to ensure 1 of 6 sampled staff (B) had documentation of a freedom from all communicable ..... statement from the healthcare provider.

Findings:

Review of personnel files revealed staff B, date of hire , did not have documentation of freedom from all communicable ..... signed by the healthcare provided, within 30 days of hire.

In an interview with the regional nurse on ..... at 3 PM who stated, she was unable to locate a freedom from all communicable ..... statement.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview the facility failed to ensure 2 of 6 staff (A & B) sampled staff had the training requirements of Rule 58A-5.0191, F.A.C.

Findings:

1. Review of personnel files revealed:

Staff B, date of hire , did not have documentation of one hour of training, within 30 days of employment, in safe food handling. Review of the certificate revealed staff B had 30 minutes of food safety training.

In an interview with the regional nurse on ..... at approximately 4 PM who stated the above staff did not have the required training.

2. On ..... a personnel record review for staff D was completed. The record revealed that staff D was hired ..... Further review revealed that there were no training certificates for 3 hours in Activities of Daily Living (ADL) & Behavioral Needs Training.

In an interview with the regional nurse at approximately 3:00 PM on ..... it was revealed that she was not able find the training for staff D.

Class III

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	AL11964946	09/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Melbourne	1765 West Hibiscus Blvd Melbourne, FL 32901	
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0082-Training - 58A-5.0191(3) FAC
Based on record review and interview the facility failed to ensure all facility employees completed a one-time education course on and within 30 days of employment for 3 of 6 sampled staff (B, C and E).

Findings:

Record Review and interview revealed the facility failed to have a certificate of completion for staff E that indicated completion of a one-time course on and within 30 days of employment.

Staff B date had one hour of training on and Staff C had one hour of training on

There was no documentation to review that indicated the above staff had the required training.

Interview conducted with the corporate nurse at 3:00 PM who stated that she was not aware staff E had not completed the course.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on personnel record review and interview the facility failed to ensure that 1 of 6 sampled staff (D) was provided Training.

Findings:

On a record review for staff D was completed. The record revealed that staff D was hired Further review revealed that there were no training certificates for 1 hour of Training.

At approximately 3:00 PM on in an interview with the regional nurse it was revealed that she was not able to find the Training for Staff D.

Class III

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0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on record review and interview the facility failed to ensure training certificates included the number of hours of the training, the trainers name, signature and credentials for 1 of 6 sampled staff (Staff B).

Findings:

Review of personnel file for staff B revealed there were no training certificates for Emergency Preparedness and Evacuation, Resident Rights, Activities for Daily Living, , Neglect and and training received on . The training certificate for and Related Level one dated did not indicate the trainer's credentials.

In an interview with the Regional Nurse at approximately 3:00 PM on it was revealed that she was not able find the training certificates that met the requirements for staff B.

Class

0162-Records - Resident 58A-5.024(3) FAC
Based on observation, record review and interview the facility failed to obtain a physician's order to assist with self-administration of medications for 1 of 4 sampled residents (#1).

Findings:

Resident record review revealed an Assisted Living Facility Health Assessment Form (1823) dated that indicated the resident needed medications administered.

Review of the schedule for from 6 AM to 2 PM revealed unlicensed staff assisted with self-administration of medications.

There was no documentation to review that indicated the facility had obtained an order from the physician for the resident to received assistance with self-administration of medications.

In an interview with the regional nurse on at approximately 1:50 PM who stated the facility needed to get an order to clarify that stated the resident needed assistance with self- administration of medication.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Emeritus At Melbourne
1765 West Hibiscus Blvd
Melbourne, FL 32901

RE: Biennial Re-Licensure with Limited Nursing Services

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 407-420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

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