| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968397 | 10/27/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| B & V Labelle Vie Assisted Living | 193 Eldron Blvd Ne Palm Bay, FL 32907 | |
| 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= B
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= B
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

**Specific Tag Findings:**
0000-Initial Comments
A re-licensure survey was conducted on [redacted] B & V Labelle Vie Assisted Living deficiencies found at the time of the visit.

0009-Admissions - Admission Package 58A-5.0181(3) FAC
Based on contract review and interview the facility failed to provide 3 of 5 residents' (#1, #3 and #4) with a statement showing weather staff will or will not be overseen by a license nurse when assisting the residents with self-administration of medication.

Findings:

Review of the facility's contract for resident #1, #3 and #4 revealed the Informed Consent to Assist with Medication by Unlicensed Personnel was in the contract but the box for "will " or "will not" was left blank.

In an interview with the administrator at approximately 4:30 PM on [redacted] he stated he did not look at the form and did not realize the boxes were left blank.

Class

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on personnel record review and interview the facility failed to ensure 1 of 4 staff (staff A) failed to completed the CORE test requirements no later than 90 days after becoming employed at the facility.

Findings:

Personnel record review for staff A revealed he opened the facility on [redacted]. Further review revealed he took the CORE training on [redacted]. Continued review revealed he passed the CORE competency examination on [redacted] This is not within the 90 day regulation as outlined in 58A-5.0191, F.A.C.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968397 | 10/27/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| B & V Labelle Vie Assisted Living | 193 Eldron Blvd Ne Palm Bay, FL 32907 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

In an interview with the administrator at 4:30 PM on , he could not provide any explanation as to why he did not take the examination so late.

Class III

0167-Resident Contracts 58A-5.025 FAC
Based on resident contract review and interview the facility failed to provide 3 of 5 resident's (#1, #3 and #4) with a statement saying that they must have an assessment by a health care provider 30 days prior to admission or within 30 days of admission and every 3 years thereafter or at a significant change whichever comes first.

Findings:
Review of the resident contract for resident #1, #3 and #4 revealed no statement showing that for continued residency the resident must have an assessment by a health care provider 30 days prior to admission or within 30 days of admission and every 3 years thereafter or at a significant change whichever comes first.

In an interview with the administrator at approximately 4:30 PM on who stated he thought the statement was in the contract but he did not really look. He stated he would write an addendum and have the resident or the resident's guardian/family member sign.

Class

L241-LMH - Records 58A-5.029(2) FAC
Based on record review and interview the facility failed to maintain an annual update of the Community Living Support Plan for the Resident receiving Limited Mental Health Services (Resident #1).

Findings:
Review of the resident #1 record revealed she was admitted on . The Community Living Support Plan in the file is dated . There is no update to this plan. An opportunity was provided for the administrator to find the update.

In an interview with the administrator at approximately 4:30 PM on , who stated the resident does not receive continuing services, but has a case manager for Mental Health. He stated he would get an updated Community Living Support Plan.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968397 | 10/27/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| B & V Labelle Vie Assisted Living | 193 Eldron Blvd Ne Palm Bay, FL 32907 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

L243-LMH - Training 58A-5.0191(8) FAC
Based on personnel record review and interview the facility failed to ensure that 2 of 4 staff (A and C), received 6 hours of Limited Mental Health (LMH) training within 6 months of hire provided by the Department of Children and Families and 3 hours of continuing education every 2 years which can be provided by the administrator or through distance learning.

Findings:

Personnel record review for staff A revealed that he was hired on when the facility opened. Further review revealed he took 8 hours of Limited Mental Health Training on This is not within 3 months of hire.

Personnel record review for Staff C revealed she was hired on when the facility opened. Further review revealed she took 6 hours of Limited Mental Health Training on This is not within 3 months of hire.

In an interview with the Administrator on at approximately 4:30 PM he had no documentation of any earlier training for staff A or Staff C.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
B & V Labelle Vie Assisted Living
193 Eldron Blvd Ne
Palm Bay, FL 32907

**RE: Biennial relicensure w/LMH**

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