STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968235	11/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
At Melbourne	3260 N Harbor City Blvd Melbourne, FL 32935	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D

Specific Tag Findings:
0000-Initial Comments
Complaint investigation #2014011035 was conducted on [redacted] at Melbourne had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on interview and record review the facility failed to ensure that 1 of 2 residents in a sample of 10, who was under the care of hospice had an interdisciplinary care plan.

Findings:

During the entrance interview on [redacted] at approximately 9 AM, the Executive Director identified resident #3 as being under the care of hospice.

Resident record review on [redacted] at approximately 1:30 PM for resident # 3 revealed she was admitted to hospice on [redacted] Continued record review revealed that an interdisciplinary care plan, which specified the services being provided by hospice and those being provided by the facility, that should had been developed and implemented by a licensed hospice in consultation with the facility was not available in her file and available for review.

In an interview on [redacted] at approximately 4 PM with the Executive Director, who stated the hospice interdisciplinary plan was not available.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and interview the facility failed to ensure it maintained a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services for 1 of 10 sampled residents (#10).

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Findings:

During the facility tour on at approximately 10 AM resident # 10 was identified as being in the hospital for

Resident record review on at approximately 12:30 PM for resident #10 revealed no written notations that documented the significant change in health the resident sustained that required hospitalization.

In an interview on at approximately 3 PM with the Executive Director who stated the resident had and was hospitalized, her son had informed her but she had not written a note about it.

Class III

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC
Based on observations, record review and interview the facility failed to ensure 30 of 30 residents that included sampled residents # 3, #4, #7 and #9 identified as elopement risk had identification on her person at all times.

Findings:

During the facility entrance on at approximately 9 AM the Executive Director provided a list with photo identification of 30 residents deemed at risk of elopement. All 30 residents lived in the secure memory care unit.

Observations during tour of the memory care unit noted that the resident had a wander guard that would set off an alarm if the resident attempted to go thru the unit door. The wander guard did not have the resident's name, facility; name address and phone number. Continued observations noted that residents #3, #4, #7 and #9 did not have identification of their persons.

In an interview on at approximately 10:30 AM with the memory care unit nurse, who stated none of the memory care unit residents had identification on their persons but their pictures were available and maintained on the Medication Observation Record..

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In an interview on at approximately 4 PM with the Health and Wellness Director and the Executive Director, who stated they were not aware the residents needed identification on their persons and were working on getting them.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
At Melbourne
3260 N Harbor City Blvd
Melbourne, FL 32935

RE: CCR #2014011035

Dear Administrator:

This letter reports the findings of a state licensure complaint 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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