STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967568	02/18/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alf At Ocean Breeze Gardens	500 Lee Ave Satellite Beach, FL 32937	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 429.26(1&9) Fs; 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0076 - 58a-5.0186 Fac - S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff 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 biennial re-licensure survey was conducted on ALF at Ocean Breeze Gardens had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 429.26(1&9) FS; 58A-5.0181(4) FAC
Based on record review and interview the facility failed to obtain a Completed Resident Health Assessment (AHCA form 1823) after a significant change (hospice enrollment) after the initial assessment and did not ensure the coordination of care between the ALF and the licensed hospice, including developing and implementing an individual Hospice Interdisciplinary Care plan to ensure the personal needs were met on a daily basis for 1 of 2 Sampled residents (#1)

Findings:

During an interview with the Assistant Administrator on at approximately 9:45 AM, She stated Resident #1 received hospice services.

Record review for Resident #1 including the review of the hospice record revealed she was admitted to hospice in and there was no hospice interdisciplinary care plan available for review that was coordinated between the facility and hospice which specified the services being provided by hospice and the facility. Further record review revealed the last AHCA form 1823 that was completed for resident #1 was dated , there was no AHCA form 1823 completed after the significant Change when the resident was admitted to hospice.

During an interview with the Assistant Manager on at approximately 2 PM, she stated she was not aware there was no Interdisciplinary care plan for the resident. She stated hospice did not complete the AHCA form 1823 as required.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967568	02/18/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alf At Ocean Breeze Gardens	500 Lee Ave Satellite Beach, FL 32937	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0078 58A-5.0186 FAC
Based on record review and interview the facility failed to ensure the facility's policies and procedures explain its implementation of state laws and rules relative to . An assisted living facility must honor a properly executed .

Findings:

Resident record review for residents #2 revealed the policy included in the resident contract did not address the facility's policy regarding and residents under the care of hospice.

In an interview on at approximately 4 PM, with the administrator who stated he was unable to locate any other policy and procedures regarding the hospice portion was overlooked.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure the 2 of 4 sampled staff (#A and #B) provided the facility with a healthcare provider statement to indicate freedom from communicable including .

Findings:

1. Personnel record review for staff #A hired revealed a healthcare provider statement dated that indicated freedom from . Continued review revealed no evidence to confirm the staff provided a healthcare provider statement within 30 days of hire, based on an examination conducted no earlier than 6 months prior to hire date that she was free from communicable .

2. Personnel record review for staff #B hired revealed an X ray report dated that indicated freedom from . Continued review revealed no evidence to confirm the staff provided a healthcare provider statement within 30 days of hire, based on an examination conducted no earlier than 6 months prior to hire date that she was free from communicable .

In an interview on at approximately 4 PM, with the administrator who stated he was unable to locate any documentation regarding the freedom from communicable .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967568	02/18/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alf At Ocean Breeze Gardens	500 Lee Ave Satellite Beach, FL 32937	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

statements and the staff needed a physical exam.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observations, menu review and interview the facility failed to ensure menus to be served were kept on file for 6 months, to have substitutions with items of comparable nutritional value, substitutions were noted were before or when the meal was served and did not maintain a 3-day emergency supply water on hand to meet the needs of 24 residents in the event of an emergency.

Findings:

Review of the Menu for revealed it noted Roast Beef, Coleslaw, Applesauce, Vegetable Juice and Juice of Choice.
Observations on at 12 PM of lunch in building #4 revealed the Residents were served Spaghetti and Meatballs, Salad, Applesauce and Garlic Toast. Further observations revealed there was no Vegetable Juice served.
Review of the substitution log revealed there was no substitution noted for the coleslaw or vegetable juice written.

Observations on at 12:05 PM of lunch in building #3 revealed that the residents were served Spaghetti, Meatballs, Peaches and Garlic Toast. They all were almost finished with their meals.
Review of the Substitution log revealed there was no substitution provided for the coleslaw and vegetable juice. During an interview with Staff A on at approximately 12:10 PM she stated that none of the residents liked vegetable juice. She also stated that the residents were served Kool Aid.

An interview was conducted with Resident #6 on at approximately 12:15 PM she stated she liked vegetable juice.
The Residents in Building #3 did not receive Coleslaw or Vegetable juice, nor did they receive items of comparable nutritional value.
During an Interview with the Assistant Manager on at approximately 12:25 PM she was informed of the above findings. She stated the administrator went out to buy Vegetable Juice and she told a staff to take some of the salad from Building #4 over to Building #3.

Observations of the emergency food supply on at approximately 1 PM revealed there was no water on hand for the 24 residents in the event of an emergency. During an interview with the Administrator at the time he stated that the facility would use the Water Storage

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967568	**02/18/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alf At Ocean Breeze Gardens	**500 Lee Ave Satellite Beach, FL 32937**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

that they had on the shelf. He stated they did not have water on hand.
Review of the emergency management plan revealed it noted "A 3 day on nonperishable food and 2 gallons of water per resident and other staff affected will be provided and maintained at all times (see attached with and brought to the facility." The noted: 2 gallons per day per person, Number of People were 40, number of days were 3, Quantity 240 gallonsand products were noted as Bottled Water. The emergency plan was approved on Further observation of the plan revealed there was no documentation that the Water Storage had been approved to use instead of maintaining water on hand at all times.

During an Interview with the Administrator on at approximately 2 PM, he confirmed the plan noted that water would be maintained at the facility.

During an Interview with the Administrator on at 2:15 PM, he stated the facility did not keep the last 6 months of dated menus as required.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

Administrator
Alf At Ocean Breeze Gardens
500 Lee Ave
Satellite Beach, FL 32937

RE: Biennial relicensure

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 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
XG90

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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida