AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966084	**03/25/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
TITUSVILLE TOWERS	**405 INDIAN RIVER AVENUE TITUSVILLE, FL 32796**	

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

0000 - Initial Comments

The Extended Congregate Care Monitoring was conducted on . . . Titusville Towers Assisted Living Facility had deficiencies found at the time of the visit.

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on personnel record review and interview the facility failed to have evidence that 1 of 5 sampled staff (E) had a certificate or copies of certificates of . . training, documented in the facility's personnel file.

Findings:

During personnel record review for Staff E hired on , there was no documentation found to confirm that she had at least one hour of training in the facility's policies and procedures regarding . .

In an interview with Staff E on at approximately 2:50 PM, she stated she took the training and does not know where the certificate is located.

In an interview with the Business Office Manager on . . . at approximately 3:00 PM, she stated that Staff E had taken above training and the certificate was not in her record.

Class . .

E203 - ECC - Staffing Requirements - 58A-5.030(4) FAC

Based on record review and interview the facility failed to ensure a nurse was employed or contracted to provide Extended Congregate Care Services (ECC).

Findings:

Review of the facility's license revealed they held an Extended Congregate Care (ECC) License.

During an interview with the Business Office Manager on . . . at approximately 12:00 noon, stated the ECC nurse was no longer employed by the facility and her last day was . She provided a contract and stated the facility would be using a nurse from a staffing agency.

Review of the contract revealed it noted that amount the facility would be charged from the staffing agency for nurses and Certified Nursing Assistants (CNA). During an interview with the Business Manger she stated the staffing agency was used when they needed additional staff to work in the facility.

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966084	**03/25/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
TITUSVILLE TOWERS	**405 INDIAN RIVER AVENUE TITUSVILLE, FL 32796**	

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

E203 Continued From page 1

A telephone call was made to the staffing agency on at 12:30 PM, the representative was asked if they would be providing ECC services for the facility and the representative did not know what ECC services was. She stated the agency provided staff for the facility if someone called out and no less than 4 hours. She stated they did not have a contract with the facility to provide ECC services.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Titusville Towers
405 Indian River Avenue
Titusville, FL 32796

RE: ECC monitoring

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