AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967587	03/24/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BRENNITY AT MELBOURNE	7365 ORCHESTRA LN MELBOURNE, FL 32940	

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

0000 - Initial Comments

A monitoring visit for Extended Congregate Care (ECC) was conducted on . The Brennity at Melbourne had deficiencies found at the time if the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to ensure that freedom from was documented yearly by a healthcare provider for 1 of 4 sampled staff (#B).
Findings:
Personnel record review revealed that staff #B had a test dated that was conducted and interpreted (read) by a Licensed Practical Nurse (LPN) and not a healthcare provider (doctor, Physician assistant (PA) or Advance Registered Nurse Practitioner (ARNP).
In an interview with the administrator on at approximately 3 PM, who stated she was not aware an LPN had done the test.
Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on interview the facility failed ensure that personnel record for 1 of 4 sampled staff records (#B) contained all the mandated documentation.

Findings:

Personnel record review for staff #B revealed that she was hired . Continued review revealed that a freedom from communicable statement and a certificate to confirm 3 hours of in-service training regarding activities of daily living and resident behavior were not available for review.

In an interview with the administrator on at approximately 3 PM who stated the training must have been done, as she had been a long term employee, as well as the statement from the doctor, but she was unable to locate the certificate.
Class III

E210 - ECC - Training - 58A-5.0191(7) FAC

Based on record review and interview the facility failed to ensure that 1 of 4 sampled direct care staff (#B) who provided direct care to residents in an extended congregate care (ECC) program completed at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility.
Findings:
Personnel record review revealed staff #B was hired on . Continued review revealed no evidence to

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967587	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BRENNITY AT MELBOURNE	7365 ORCHESTRA LN MELBOURNE, FL 32940	

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

E210 Continued From page 1

confirm she completed 2 hours of ECC training within 6 months of employment.
In an interview with the administrator on _ _ _ at approximately 3 PM who stated the ECC training must have been done, as she was a long term employee, but she was unable to locate the certificate.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

I 15, 2015

Administrator
Brennity At Melbourne
7365 Orchestra Ln
Melbourne, FL 32940

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

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