STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910124	05/27/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
RIVERVIEW RETIREMENT CENTER	4470 SOUTH WASHINGTON AVE. TITUSVILLE, FL 32780	

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

0000 - Initial Comments

The Change of Ownership (CHOW) survey with Limited Nursing Services (LNS) and Limited Mental Health Services (LMH) was conducted on . . . . . Riverview Retirement Center had deficiencies found at the time of the visit.

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

Based on record review and interview the facility failed to ensure 1 of 4 sampled staff (D) had documentation of negative . . . . . examination, signed by a healthcare provider, licensed by the Florida Department of Health.

Findings:

Review of personnel files revealed Staff D, date of hire , had a negative . . skin test on . . . . that was signed by a healthcare provider (a Nurse Practitioner) who was not licensed through the Florida Department of Health.

In an interview with the administrator . . . at approximately 4:15 PM who was not aware the . . skin test needed to be conducted by a healthcare provider licensed through the Florida Department of Health.

Class III

0090 - Training - . . . . . - 58A-5.0191(11) FAC

Based on record review and interview the facility failed to ensure staff had the required training in . . . . . within 30 days of hire for 1 of 4 sampled staff (Staff D).

Findings:

Review of personnel files revealed Staff D, date of hire on , did not have documentation to review that indicated she had training within 30 days of hire in . . . . . (due .

In an interview with the administrator on . . . at approximately 4:15 PM who stated she was hired and was not aware the staff did not have the training.

Class III

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

Based on record review and interview the facility failed to ensure staff had certificates that included the number of hours of continuing education training in Limited Mental Health for 1 of 4 sampled staff (Staff A and B).

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	AL11910124	05/27/2015
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RIVERVIEW RETIREMENT CENTER	4470 SOUTH WASHINGTON AVE. TITUSVILLE, FL 32780	

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

0091 Continued From page 1

Findings:

Review of personnel files revealed Staff A and Staff B had Limited Mental Health continuing education certificates dated [redacted] for [redacted] and [redacted] with no hours on the certificate.

In an interview with the administrator on [redacted] at approximately 4:15 PM who stated she was not aware the certificate did not include the number of hours of the training.

Class [redacted]

0123 - Fiscal - Resident Trust Funds - 429.27(3-4) FS; 58A-5.021(2) FAC

Based on record review and interview the facility failed to ensure resident funds that the facility was safekeeping did not exceed $200 for 2 of 7 sampled residents (#1 and #3).

Findings:

Review of Resident Fund accounts summary revealed on [redacted] resident #1 had $273.20 and on [redacted] and resident #3 had $291.20 in their resident fund accounts.

In an interview with the administrator on [redacted] at approximately 4:15 PM who was not aware the residents had a limit on the amount the facility could keep in their resident fund accounts.

Class [redacted]

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to ensure the contract contained the required information for 2 of 7 sampled residents (#1 and #2).

Findings:

Review of the resident contracts revealed resident #1's and resident #2's contract did not include the Limited Nursing Service costs and the provision that indicated the residents must be assessed upon admission pursuant to subsection 58A-5.0181, F.A.C., and every 3 years thereafter, or after a significant change.

In an interview with the administrator on [redacted] at approximately 4:45 PM who stated the contract had not been updated.

Class [redacted]

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910124	**05/27/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
RIVERVIEW RETIREMENT CENTER	**4470 SOUTH WASHINGTON AVE. TITUSVILLE, FL 32780**	

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

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on personnel record review and interview the facility failed to ensure that 1 of 4 sampled staff (D) was in compliance with background screening requirements.

Findings:

Personnel record review for Staff D, the Limited Nursing Services nurse, date of hire , revealed a Hire Safe Background Screening report dated . There was no Level II background screening results found in her file.

Review of the AHCA Background Screening website on at approximately 3:15 PM revealed there were no records found for Staff D.

During an interview with the administrator on at approximately 4:15 PM, she stated that was the only background screening results that the facility had for the staff member.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Riverview Retirement Center
4470 South Washington Ave.
Titusville, FL 32780

RE: Change of Ownership w/LNS & LMH

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. **Please forward documentation of correction to the Field Office.** 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

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