STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967587	R
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

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

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

Deficiency remains uncorrected
Based on record review and interview the facility failed to ensure that Freedom from . . . was documented yearly by a healthcare provider for 1 of 3 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, or Advanced Registered Nurse).

In an interview with the administrator on . . . . . at approximately 9:20 AM, who stated she had no update for the . . test.

Class III

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

Deficiency remains uncorrected
Based on interview and personnel record review the facility failed to ensure personnel records for 1 of 3 sampled staff (B) contained all the mandated documentation.

Findings:

Personnel record review for staff B revealed that she was hired . . . . Continued review revealed the Freedom from Communicable . . . . . statement was not available for review.

In an interview with the administrator on . . . . at approximately 9:20 AM who stated the Freedom from Communicable . . . . . statement cannot be found.

Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11967587	A. Building B. Wing	6/19/2015

Name of Facility	Street Address, City, State, Zip Code
BRENNITY AT MELBOURNE	7365 ORCHESTRA LN MELBOURNE, FL 32940

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix AE210 Reg. # 58A-5.0191(7) FAC LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By L Henry for T. Deemer	Date: 6/23/15	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brennity At Melbourne
7365 Orchestra Ln
Melbourne, FL 32940

RE: Revisit to ECC monitoring

Dear Administrator:

This letter reports the findings of a revisit survey conducted on . . . . . 19, 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than . , 2015.**

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. Should you have any questions please call this office at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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