STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966476	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
CLARKE'S ASSISTED LIVING	48 EMERSON DRIVE NW MELBOURNE, FL 32907	

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

0000 - Initial Comments

Complaint Investigation #2015006152 was conducted on 22, 23, and . Clark's Assisted Living had a deficiency at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on interviews and observation, the facility failed to maintain a log of sugar levels for 1 of 1 residents with conditions (#1), and failed to maintain written records of calorie intake for 7 of 8 residents (#1, 2, 3, 4, 6, 7 & 8).

Findings:

1. Review of the facility's log books revealed the facility did not have a logging system in place for sugar levels for resident #1 and calorie intake for all residents, #2, #3, #4, #6, #7 and #8.

Review of resident #1's 1823 assessment form, dated , indicated the physician wanted the resident's sugar levels and calorie intake monitored.

On at 10:30 AM, the administrator stated the facility did not do sugar level checks or have a monitoring system in place. She stated they do not have a logging system in place for calorie intake.

On at 1:35 PM, staff A stated facility staff did not participate in logging sugar levels or calories.

During an interview on at 2 PM, the FACT Team Leader confirmed that the administrator refuses to comply with logging calorie intake and sugar levels for resident #1.

During an interview on at 2 PM, the Fact Team Nurse stated the administrator has been informed to log the calorie intake and sugar levels for resident #1 on a daily basis. He stated the administrator refused to comply. He also stated resident #1 had lost 20 pounds in the past year and logging calories intake was needed to find out the reason for the weight loss.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Clarke's Assisted Living
48 Emerson Drive Nw
Melbourne, FL 32907

RE: CCR #2015006152

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation 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

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