STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967650	08/10/2015
NAME OF PROVIDER OR SUPPLIER **SERENITY AT MONET, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11191 MONET WOODS RD** **PALM BEACH GARDENS, FL 33410**	

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

0000 Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on 8/10/15 at Serenity at Monet, Inc. The facility had deficiencies found at the time of the visit.

0078 Staffing Standards - Staff

Based on employee record review and staff interview, the facility failed to ensure staff provide evidence of a negative ( ) examination on an annual basis, for 1 of 3 sampled employees' records reviewed (Staff C).

The findings include:

On / , a review was conducted of employee records for Staff C (hire date /). Evidence of an annual negative examination conducted in 2014 or 2015 could not be located in the employee's file.

An interview was conducted with the Administrator on at 11:30 AM and she was informed of the missing documentation. On / / at 1:00 AM, the Administrator acknowledged the missing documentation of a current negative exam for Staff C.

Class III

0083 Training - First Aid and

Based on employee record review and staff interview, the facility failed to ensure a staff member who has completed accredited courses in and holds a currently valid card documenting completion of such courses, is in the facility at all times. As evidence of 2 of 3 direct care staff do not have currently a valid certification (Staff B and Staff C).

The findings include:

On , a review of the employee records for Staff B (shift 3 PM - 11 PM) and Staff C (shift 11 PM - 7 AM), both of which are CNAs and provide direct care to residents, was completed. Record review failed to reveal any documentation showing either of these employees held currently valid certifications could be located within their employee records.

During an interview with the Administrator on / / at 1:00 PM, no documentation could be provided showing Staff B and C hold current, valid certifications. The Administrator confirmed Staff B and C

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work alone in the facility while caring for the residents during their scheduled work times, therefore they would each need to be certified in . This was also confirmed through review of the facility's staffing schedule.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on employee record review and staff interview, the facility failed to ensure 1 of 3 staff assisting residents with self-administered medications complete, annually, 2 hour continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility (Staff C, hire date /).

The findings include:

On , during employee record review for Staff C, documentation could not be located showing completion of 2 hour continuing education training on providing assistance with self-administered medications and safe medication practices for 2014 or 2015. Further review revealed this employee completed the initial 4 hour medication training on / / .

During an interview with the administrator on at 1:00 PM, she confirmed Staff C did assist residents with their medications and acknowledged the lack of documentation necessary to show completion of medication training for Staff C.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Serenity At Monet, LLC
11191 Monet Woods Rd
Palm Beach Gardens, FL 33410

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by a representative 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 attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 representative. Should you have any questions please call this office at 561 381-5840.

Sincerely,

Arlene Davis
Field Office Manager

AMD/sf
Enclosure
XG90

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