STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966476	07/27/2015
NAME OF PROVIDER OR SUPPLIER **CLARKE'S ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **48 EMERSON DRIVE NW** **MELBOURNE, FL 32907**	

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

0000 Initial Comments

The biennial re-licensure survey with Limited Mental Health was conducted on . Clarke's Assisted Living Facility had deficiencies found at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to ensure an AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities was completed upon admission for 2 of 6 sampled residents (#3 & #6).

Findings:

Resident record review revealed residents #3 and #6 did not have documentation to review that indicated they had an Assisted Living Facility Health Assessment Form (1823) completed upon admission. Resident #3 was admitted on / and Resident #6 was admitted on .

In an interview with the administrator on at approximately 4 PM who stated she was unable to locate the documentation.

Class III

0078 Staffing Standards - Staff

Based on review of personnel files and interview the facility failed to ensure staff had a Freedom from Communicable statement within 30 days of hire and annual documentation of freedom from ( ).

Findings:

Review of personnel files revealed:

Staff B, date of hire and staff C date of hire , did not have documentation of freedom from and Staff C did not have documentation of Freedom from all Communicable .

In an interview with the administrator on / at approximately 4 PM who stated she was unable to locate the documentation.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0081 Training - Staff In-Service

Based on review of personnel files and interview the facility failed to ensure staff received the required training within 30 days of hire for 2 of 3 sampled staff (Staff B & C).

Findings:

Review of personnel files revealed the following staff did not receive the required training within 30 days of hire:

Staff B, date of hire , and Staff C, date of hire / , did not receive 3 hours of training in Activities of Daily Living and Resident Needs, and had 1 hour of training. Staff B and Staff C needed Control training, Elopement training and Emergency Preparedness and Evacuation training.

In an interview with the administrator on at approximately 4 PM she stated she did not have documentation the staff had received the training.

Class III

0082 Training - / /

Based on review of personnel files and interview the facility failed to ensure staff had the required one time training course in / for 1 of 3 sampled staff (Staff C).

Findings:

Review of personnel files for Staff C, date of hire revealed there was no documentation to review that indicated they had received a one-time training course in / within 30 days of employment.

In an interview with the administrator on at approximately 4 PM who stated she did not have documentation the staff had received the training.

Class III

0085 Training - Nutrition & Food Service

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966476	**07/27/2015**
NAME OF PROVIDER OR SUPPLIER **CLARKE'S ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **48 EMERSON DRIVE NW MELBOURNE, FL 32907**	

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

Based on review of personnel files and interview the facility failed to ensure the food service designee completed 2 hours of continuing education annually.

Findings:

Review of personnel files for Staff A, the administrator and food service designee revealed there was no documentation to review that indicated she had completed the required 2 hours of continuing education requirements every two years.

In a phone interview on at approximately 4 PM with Staff A, the administrator and food service designee, who stated she did not take the required food service continuing education.

Class III

0091 Training - Documentation & Monitoring

Based on review of personnel files and interview the facility failed to ensure certificates included the number of hours of the training program for 2 of 3 sampled staff (Staff B & C).

Findings:

Review of personnel files revealed the hours were not documented on the training certificates for training for Staff B, date of training / and Staff B, date of training / .

In an interview with the administrator on at approximately 4 PM who stated the hours were not documented.

Class III

L243 LMH - Training

Based on review of personnel files and interview the facility failed to ensure certificates included the number of hours of the training program for 2 of 3 sampled staff (Staff B & C).

Findings:

Review of personnel files revealed the hours were not documented on the training certificates for training for Staff B, date of training / and Staff B, date of training .

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

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

In an interview with the administrator on / at approximately 4 PM who stated the hours were not documented.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: Relicensure w/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 attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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 surveyor(s). Should you have any questions please call Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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