STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SU EY COMPLE
	AL11966084	07/29/2015
NAME OF PROVIDER OR SUPPLIER **TITUSVILLE TOWERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **405 INDIAN RIVER AVENUE** **TITUSVILLE, FL 32796**	

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

0000 Initial Comments

The biennial re-licensure survey with Extended Congregate Care (ECC) was conducted on Titusville Towers Assisted Living Facility had deficiencies found at the time of the visit.

0093 Food Service - Dietary Standards

Based on observations, interviews and facility menu review the facility failed to ensure that: regular and therapeutic menus, were dated for the week in use and were kept on file for 6 months and that a 3-day supply of nonperishable food, that included long shelf-life milk, was on hand and available at all times.
Findings:
During the facility tour on at approximately 9:30 AM the manager stated the census was 92 residents.
In an interview with the dietary manager on at approximately 1:30 PM who stated he had taken the position in 2015.
Review of the facility's 4 cycle menus revealed the menus were dated from of / to survey date ( ). The weekly menus were used from Sunday to Saturday. The dietary manager stated he had no other dated menus, only those provided for review.
Observations of the facility's emergency food supply at approximately 1:30 PM noted the facility had 2 boxes of powdered milk. Per label once water was added to the box each box yield 8 quarts of milk.
Based on a census of 92 residents and the 3 meals contracted to provide , the facility needed 24 ounces of milk per resident per day (8 ounces x 3 times daily =24 ounces), for a total of 6,624 ounces of milk (24 ounces x 92 residents x 3 days), (or 207 quarts).
Review of the resident contract at approximately 2 PM for residents #1 and #2 revealed the facility would provide 3 meals a day.
In an interview with the manager on at approximately 3:30 PM who stated she needed to organize the menus. She returned and provided 4 cycle menus that had dates listed on the back.
Further review revealed that the dates listed on the back of the menu were not always Sunday to Saturday.
In an interview with the manager on at approximately 3:30 PM who stated that was how the menus were dated Friday to Saturday. The manager was asked how would the residents know what they were being served if the menus did not match the days of the week. She offered no reply.
Class III

E210 ECC - Training

Based on Personnel Record Review and Interview, the administrator failed to obtain 4 hours of initial training in Extended Congregate Care (ECC) and a minimum of 4 hours of continuing education every

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966084	07/29/2015
NAME OF PROVIDER OR SUPPLIER **TITUSVILLE TOWERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **405 INDIAN RIVER AVENUE** **TITUSVILLE, FL 32796**	

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

two years in topics relating to the physical, , or social needs of frail elderly and persons, or persons with or related .

Findings:

Personnel record review for Staff A, the administrator, revealed he was hired / and there was no documentation to confirm that he had obtained 4 hours of initial training in extended congregate care nor had he received a minimum of 4 hours of continuing education every two years in topics relating to the physical, , or social needs of frail elderly and persons, or persons with or related .

During an interview with the facility's manager/ECC supervisor on at approximately 3 PM, she stated she had reviewed the administrator's record and could not find any documentation to confirm that he had received the 4 hour initial training nor had he obtained 4 hours of continuing educations. She was not aware the administrator had to take the 4 hours of continuing education.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Titusville Towers
405 Indian River Avenue
Titusville, FL 32796

RE: Relicensure w/ECC

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 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 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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