STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966794	**09/15/2015**
NAME OF PROVIDER OR SUPPLIER **SERENITY LIFESTYLE PLUS, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **490 BRIGHTON AVE NE PALM BAY, FL 32907**	

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

0000 Initial Comments

A complaint investigation CCR 2015006202 was conducted at Serenity Lifestyles plus LLC on . Serenity Lifestyles plus LLC had deficiencies at the time of the visit.

0078 Staffing Standards - Staff

Based on record review an interview the facility failed to ensure personnel records contained all the mandated requirements.
Findings:
Personnel record review for staff #C, revealed she was hired in 2015 and was a caregiver. Continued review revealed a healthcare provider statement dated / that indicated she was cleared to work, however it did not indicate she was free from .
Personnel record review for staff #E, revealed she was hired in 2010 and was a caregiver. Continued review revealed chest X ray results dated / / that indicated freedom from . A healthcare provider statement dated / / indicated she was cleared to work, however it did not indicate she was free from .
Personnel record review for staff #F, revealed she was hired in 2014. Continued review revealed a healthcare provider statement that indicated freedom from communicable including was not available.
In an interview with the administrator on at approximately 5:30 PM who stated staff #E and #F did not work at the facility any longer. She overlooked the statement for staff # C.

Class III

0081 Training - Staff In-Service

Based on personnel record review and interview the facility failed to provide or arrange for 1 of 6 sampled staff (#F) to the attended mandated in-service training regarding the facility's elopement response policies and procedures.
Findings:
Personnel record review for staff #F revealed he was hired in 2014 and was a caregiver Certified Nursing Assistant. Continued review revealed no evidence to confirm he attended an in-service training regarding the facility's resident elopement response policies and procedures, within thirty (30) days of employment.
In an interview with staff #B on / at approximately 3:30 PM, who stated she thought the staff were trained and would let the administrator know.
Class III

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

0083 Trainina - First Aid and

Based on personnel record review and interview the facility failed to ensure that a staff member who had First Aid certification offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health was in the facility at all times when residents were present.
Findings:
Personnel records review for staff #B (caregiver) revealed a First Aid certificate dated . Further review revealed the certificate was from the National Foundation. The certification was from the American Academy of & First Aid Inc., both on line (Internet) courses.
Personnel records review for staff #E (caregiver) revealed a First Aid certificate dated from the American Life and Health Foundation. The certificate indicated the individual had passed skills evaluation in accordance with AND FIRST AID, an Internet, as well.
In an interview with the administrator on at approximately 5:30 PM who stated she was not aware that on line and First Aid were not an acceptable training.
Class III

0161 Records - Staff

Based on personnel record review and interview the facility failed to ensure 3 of 6 staff, whom was in a role that required a background screening did not have any disqualifying offenses and allowed staff #B, C and F to work without the screening results available.
Findings:
Personnel records review for staff #B revealed she was hired 2014. Continued review revealed that a background screening result was not available for review. She was a caregiver, Certified Nursing Assistant (CNA).
Personnel records review for staff # C revealed she was hired in 2014. Continued review revealed that a background screening result was not available for review. She was a caregiver, a Home Health Aide.
Personnel record review for staff # F revealed he was hired in 2014. Continued review revealed that a background screening result was not available for review. He was a caregiver/ CNA.
The Agency background screening website indicated on at approximately 4 PM that staff # B, C, and F were eligible to work in an AHCA licensed facility.
In an interview with the administrator on at approximately 5:30 PM, who stated that she was of the opinion that if the state could see that they were done and that they were in good standing, then it was OK. She added that staff B and C were relatives and she knew they were good to work.
class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Serenity Lifestyle Plus, LLC
490 Brighton Ave NE
Palm Bay, FL 32907

RE: CCR #2015006202

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 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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