STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965743	10/19/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY EXTENDED CARE OF MELBOURNE, INC	4001 STACK BOULEVARD MELBOURNE, FL 32901

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

0000 Initial Comments

On a biennial re-licensure survey in conjunction with complaint survey (CCR 2015009677) and revisit to CCR 2015001703 were conducted at Family Extended Care of Melbourne, Inc. Assisted Living Facility. Deficient practice was identified during the surveys.

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to ensure that 3 of 7 sampled resident records (#4, 7 and 8) reviewed had a completed health assessment that addressed all the required criteria.

Findings:

1. Record review for Resident #4 revealed an Assisted Living Facility Health Assessment form (1823) that was dated on / / . The Health care provider did not document his/her printed name and address.

2. Resident record review for resident #7 revealed an Assisted Living Facility Health Assessment form (1823) that was dated on / . Continued review revealed the assessment did not indicate whether the resident needed assistance with self-administration of medications, or needed medications administered. That portion of the form was blank.

During an interview with the Resident Care Director on / at approximately 5 PM she stated the forms were not complete.

3. Resident record review for resident #9 revealed a health assessment report AHCA form 1823 dated . Continued review revealed the assessment did not indicate whether or not the resident needed 24 hour nursing or , , care. That portion of the form was blank.
In an interview with the administrator / at approximately 4:30 PM, the assessment was overlooked.
Class III

0081 Training - Staff In-Service

Based on interview and personnel record review the facility failed to provide or arrange for 3 of 4 sampled staff (A, B & C) to receive/attend the mandated in-service training.
Findings:

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1. Personnel record review for staff #A revealed she was hired . Continued review revealed no evidence to confirm she attended/received the following in-service training:
An in-service training regarding the facility's resident elopement response policies and procedures;
A 1- hour in-service regarding facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation and reporting major incident & adverse incidents;
A 1- hour in-service training regarding resident rights in an assisted living facility & recognizing & reporting neglect and ;
A 1- hour in-service training in safe food handling practices, within thirty (30) days of employment, within thirty (30) days of employment.
Staff A did not have documentation of 3 hours of training in Activities of Daily Living and Resident Behaviors.

2. Personnel record review for staff #B revealed she was hired in . Continued review revealed no evidence to confirm she attended a 1- hour in-service regarding facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, and reporting major incident & adverse incidents, within thirty (30) days of employment.
In an interview with the administrator on / at approximately 5 PM who confirmed the findings.
3. Review of personnel files revealed Staff C, date of hire / had a certificate for 1 hour of Activities of Daily Living and Resident Behaviors training dated .

In an interview with the administrator on / at approximately 6 PM who stated the she did not have documentation of the 3 hours of training.
Class III

0090 Training -

Based on interview and record review the facility failed to ensure 1 of 4 sampled staff (#A) received an in-service training regarding the facility's ( ) that included all the information in Rule 58A-5.0186, F.A.C.
Findings:
Personnel record review for staff #A revealed she was hired / . Continued review revealed no evidence to confirm she received at least one hour of training on the facility's policies and procedures regarding within 60 days after the effective date of this rule.
In an interview with the administrator on / at approximately 5 PM who confirmed the findings.
Class III

0091 Training - Documentation & Monitoring

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FAMILY EXTENDED CARE OF MELBOURNE, INC	4001 STACK BOULEVARD MELBOURNE, FL 32901

SUMMARY STATEMENT OF DEFICIENCIES
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Based on personnel records review and interview the facility failed to ensure that personnel records contained certificates, or copies of certificates, of any training required by this rule, and they were documented in the facility's personnel files for 1 of 5 sampled staff (#B).
Findings:
Personnel record review for staff #B revealed she was hired in / . Continued review revealed a test related to safe food services that was dated / . The review revealed that the certificate did not indicate:
1. The title of the training program;
2. The subject matter of the training program;
3. The training program agenda;
4. The number of hours of the training program;
5. The trainee's name, dates of participation, and location of the training program;
6. The training provider's name, dated signature and credentials, and professional license number, if applicable.
The trainer providing the training did not issue a certificate to the trainee as specified in this rule.
In an interview with the administrator on at approximately 5 PM who confirmed the findings.
Class

0093 Food Service - Dietary Standards

Based on observations and interviews the facility failed to maintain enough non-perishable milk to be used in the event of an emergency for the 40 residents of the facility.

Findings:

Observations on at 12:45 PM of the emergency food supply revealed there was no non-perishable milk available. For the Assisted Living Facility 5328 ounces were required (24 ounces a day x 3 days' x 74 residents).

During an interview with the Food Service manager on at approximately 1 PM, who stated the facility did not have any non-perishable milk on hand.

Class III

0161 Records - Staff

Based on personnel record review and interview the facility failed to ensure the personnel record for 2 of 4 sampled staff (#A & B) contained a job description and a valid copy of the First Aid Certificate for 1 of 4

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SUMMARY STATEMENT OF DEFICIENCIES
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sampled staff (Staff A).
Findings:
Review of the facility license on / / revealed the facility was licensed for a capacity 95 residents.
Personnel record review for staff # A revealed she was hired . The review revealed no evidence to confirm she received a job description. Continued review revealed a copy of a First Aid certificate dated . The certificate did not indicate the expiration date but indicated "This document is not valid without a raised corporate seal."
Personnel record review for staff # B revealed she was hired in . Continued review revealed no evidence to confirm she received a job description.
In an interview with the administrator on / / at approximately 5 PM who confirmed the findings.
Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Family Extended Care Of Melbourne, Inc
4001 Stack Boulevard
Melbourne, FL 32901

RE: Relicensure

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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