STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968617	03/21/2016
NAME OF PROVIDER OR SUPPLIER **HOUSE OF LIGHT SENIOR LIVING II**	STREET ADDRESS, CITY, STATE, ZIP CODE **839 CHELSEA AVE NE** **PALM BAY, FL 32905**	

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

0000 Initial Comments

Relicensure survey was conducted on / . House of Light Senior Living II Assisted Living Facility had deficiencies at the time of the visit.

0056 Medication - Labeling and Orders

Based on observation and interview, the facility failed to ensure 1 of 1 sampled residents (#3) had properly labeled and dispensed medications in accordance with Chapters 465 and 499, F.S. (Florida Statute), and Rule 64B16-28.108, F.A.C. (Florida Administrative Code).

Findings:

During observation on / at 5 PM, a medication pass by staff A to resident #3 revealed no proper documented labeling on medication of Super Memory Formula Dietary Supplement including resident's name, practitioner's name, date dispensed, name and strength of the drug, directions for use and expiration date.

Documentation of a physician order found in resident #3 record file dated for the resident to take 1 tablet twice daily in the AM and PM.

An interview on / at 5:15 PM with the administrator about the "no label on the medication" and she stated that she was not aware and will follow up with the family and pharmacy to get a label for the medication.

Class III

0085 Training - Nutrition & Food Service

Based on personnel record review and interview, the facility failed to ensure that 1 of 2 sampled staff (E) completed the 2 hour annual continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Findings:

Staff E's personnel record review revealed she supervises the kitchen's day to day duties. Staff E did not have a current 2 hour annual continuing education in nutrition and food service.

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During an interview on / : at 6 PM with the administrator, she acknowledged and apologized that she did not complete the updated 2 hour annual continuing education in nutrition and food services.

Class III

0161 Records - Staff

Based on personnel record review and interview, the facility failed to ensure that 1 of 4 sampled staff (C) had a completed employment application on file.

Findings:
Staff C's personnel record review revealed that the employment application was not signed and dated.

During an interview / : at 6PM with the administrator stated that she overlooked the signature and date on staff C's employment application and will get completed as soon as possible.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2016

Administrator
House Of Light Senior Living II
839 Chelsea Ave Ne
Palm Bay, FL 32905

RE: Re-licensure

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 , 2016.** 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
XG90

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