STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965743	R
NAME OF PROVIDER OR SUPPLIER **FAMILY EXTENDED CARE OF MELBOURNE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4001 STACK BOULEVARD** **MELBOURNE, FL 32901**	

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

0000 Initial Comments

A revisit to complaint investigation (CCR 2016001384) was conducted in conjunction with complaint investigations (CCR 2016002052, 2016002438 and 2016003495) at Family Extended Care Assisted Living Facility in Melbourne, Florida from / to . Deficient practice was found at the time of the investigation.

0052 Medication - Assistance with Self-Admin

Based on record reviews and interviews the facility placed residents of the facility at risk by failing to properly assist with administering an inhaler to a resident (#14) who required assistance with the self-administration of medication
Findings:
In an interview on / at 3:30 PM with the facility administrator, who stated all of the med tech staff completed the required retraining for assistance with the self-administration of medication as stated in the directed plan of correction issued by the Agency on .
In an interview on / at 1:49 PM with med tech CC, who stated she completed the retraining on assistance with the self-administration of medication issued by the Agency on .
In a continued interview on / at 1:49 PM with med tech CC, who stated she had provided Resident #14 her inhaler. Med tech CC stated she knows she did not follow the steps outlined in the recent training. Med tech CC stated when she provided Resident #14 with her inhaler she would place the inhaler in Resident #14' s mouth, hold it in the mouth of resident #14, tell Resident #14 to inhale in and then push the button to release the medication.
In an interview on / at 5:22 PM with the facility administrator, who stated she is upset. The facility administrator stated she had all of the med techs trained, she is not sure what else she can do.
Class III

0160 Records - Facilitv

Based on record reviews and interviews the facility failed to maintain an up-to-date admission and discharge log.
Findings:
In an interview on / at 1:55 PM with the facility administrator, who stated the current facility census is 76 residents. The facility administrator stated she would provide the facility admission and discharge log.
In a record review on / of the roster of residents by , the roster indicated the facility had 76 residents.
In a record review on / of the facility admission and discharge log, the log indicated the facility has

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83 current residents. The log indicated Resident #14 was discharged because she on
In a record review on at a local rehabilitation facility, Resident #14 was observed to be up and moving around.
In an interview on at 2:52 PM with the facility administrator, who stated she needed to have staff U look at the admission and discharge log. The facility administrator stated she was not familiar with the resident's names and staff U could tell which ones were not at the facility.
In an interview on at 2:52 pm with staff U, staff U stated, with the facility administrator present, which 7 residents were no longer at the facility. Staff U stated she is not sure why Resident #14 was listed as since she was discharged earlier in the month to the hospital.
Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record reviews and interviews the facility failed to file an adverse incident with the Florida Agency for Health Care Administration for two incidents of alleged medication diversion and one incident of resident to resident which resulted in law enforcement investigations.
Finding:
In an interview on at 1:02 PM with staff N, staff N stated the facilities medication is stored in the administrator's office based on the theft of medication in the past.
In an interview on at 1:32 PM with the facility administrator, the facility administrator stated the medication is stored in her office because of a prior theft of the medication.
In an e-mail on at 3:53 PM with the facility administrator, the facility administrator stated the theft of the medication was reported to local law enforcement for investigation. The facility administrator stated it was two different incidents.
In a continued e-mail on at 3:53 PM with the facility administrator, the facility administrator stated an adverse incident report was not completed and forwarded to the Florida Agency for Health Care Administration for either theft which resulted in criminal investigations by local law enforcement.
In a record review on of a local law enforcement report, it revealed the facility made notification of a missing packet of on . The notification to law enforcement for investigation was made on .
In a continued record review on of a local law enforcement report, it revealed the facility reported 120 missing pills on after receiving a call from the pharmacy. The local law enforcement report reveals the pharmacy received an anonymous call about the missing medication.
In an interview on at 3:19 PM with the facility administrator, the facility administrator stated she still had not completed the adverse incident reports related to the theft.
In a record review on of local law enforcement calls to service, the calls to service indicated law enforcement were called on at 6:27 PM by staff G to investigate resident to resident by

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	AL11965743	R
NAME OF PROVIDER OR SUPPLIER **FAMILY EXTENDED CARE OF MELBOURNE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4001 STACK BOULEVARD MELBOURNE, FL 32901**	

SUMMARY STATEMENT OF DEFICIENCIES
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Resident #15 and Resident #28.
In an interview on / at 3:19 PM with the facility administrator, the facility administrator stated she was not aware of law enforcement being called to the facility on / /. The facility administrator stated, "I did not complete an adverse incident report because staff did not tell me about the incident."
In a review on of the Florida Agency for Health Care Administration Versa system, the Versa system does not provide any documentation the facility has completed adverse incident reports related to the theft or the resident to resident incidents.
Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11965743 Y1	A. Building B. Wing Y2	Y3

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

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed	ID Prefix A0055 Reg. # 58A-5.0185(6) FAC LSC	Correction Completed	ID Prefix A0077 Reg. # 429.176 FS; 58A-5.019(1) FAC LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE 5/6/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
2/18/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016001384

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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