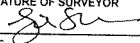


STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11968650	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT
NAME OF FACILITY ENCLAVE ASSISTED LIVING II	STREET ADDRESS, CITY, STATE, ZIP CODE 2518 BERNICE COURT MELBOURNE, FL 32935	

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 A0008	Correction	ID Prefix A0025	Correction	ID Prefix A0080	Correction
Reg. # 429.26(4-6) FS; 58A-5.0181(2) FAC	Completed	Reg. # 429.26(7) FS; 58A-5.0182(1) FAC	Completed	Reg. # 429.52(1-2) FS; 58A-5.0191(1) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0081	Correction	ID Prefix A0161	Correction	ID Prefix A0167	Correction
Reg. # 58A-5.0191(2) FAC	Completed	Reg. # 429.275(2) FS; 58A-5.024(2) FAC	Completed	Reg. # 58A-5.025 FAC	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR 	DATE 6/29/16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 4/12/2016		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/29/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968650	(X3) DATE SURVEY COMPLETED R 06/09/2016
NAME OF PROVIDER OR SUPPLIER ENCLAVE ASSISTED LIVING II	STREET ADDRESS, CITY, STATE, ZIP CODE 2518 BERNICE COURT MELBOURNE, FL 32935	

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

0000 Initial Comments

Revisit to the re-licensure survey was conducted on 6/9/2016. Enclave Assisted Living II had a deficiency found at the time of the visit.

0054 Medication - Records

DEFICIENCY REMAINED UNCORRECTED.

Based on record review and interview, the facility failed to ensure accuracy of medication observation records (MOR) and medications were not pre-poured for Resident#2.

Findings:

On at 12:35 PM, review of Resident#2's MOR for 2016 revealed the MOR were marked with dots by the evening medications for / and morning medications of .

On at 12:35 PM Staff (caregiver) explained that she put a dot by each medication that she pre-poured into a cup in advance. She said that was her way of organizing the medications for the resident. She stated that she did the same for all residents. She showed 2 small cups filled with pills for Resident#2 that she kept in the locked medication cabinet.

On at 2:30 p.m. the administrator confirmed the findings.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Enclave Assisted Living II
2518 Bernice Court
Melbourne, FL 32935

RE: Revisit to re-licensure survey

Dear Administrator:

This letter reports the findings of a revisit survey conducted on .9, 2016, by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2016.

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. Should you have any questions please call this office at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

BBT7

