STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11968650 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ENCLAVE ASSISTED LIVING II	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 Reg. # 429.26(4-6) FS; 58A-5.0181(2) FAC LSC	Correction Completed	ID Prefix A0025 Reg. # 429.26(7) FS; 58A-5.0182(1) FAC LSC	Correction Completed	ID Prefix A0080 Reg. # 429.52(1-2) FS; 58A-5.0191(1) FAC LSC	Correction Completed
ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed	ID Prefix A0161 Reg. # 429.275(2) FS; 58A-5.024(2) FAC LSC	Correction Completed	ID Prefix A0167 Reg. # 58A-5.025 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

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	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
4/12/2016	

STATE FORM: REVISIT REPORT (:) EVENT ID: YCJ712

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968650	R 06/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENCLAVE ASSISTED LIVING II	**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

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