STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967587	06/27/2016
NAME OF PROVIDER OR SUPPLIER **BRENNITY AT MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7365 ORCHESTRA LN** **MELBOURNE, FL 32940**	

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

0000 Initial Comments

Extended Congregate Care (ECC) Monitoring was conducted on . . . . . The Brennity at Melbourne had a deficiency found at the time of the visit.

Z815 Background Screening: Prohibited Offenses

Based on record review and interviews the facility failed to ensure 1 of 4 staff (administrator) had completed a required level 2 background screening prior to having resident contact.
Findings:
On in a record review of the Florida Agency for Health Care Administration background screening web site, the web site documented the administrators name was listed as blank on the background screening roster.
On . . . . . in a record review of the employee file for the administrator, the administrator's file documented the hire date for the administrator as . The administrator's file did not provide any documentation of a required current level 2 background screen for the administrator.
On at 11:50 AM in an interview with the administrator, the administrator stated when asked if she failed to complete a required level 2 background screen, she relied "Yes, I guess I did".

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brennity At Melbourne
7365 Orchestra Ln
Melbourne, FL 32940

RE: Extended Congregate Care monitoring

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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com