STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968650	07/13/2016
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

A Complaint investigation #2016004331 was conducted on and . Enclave Assisted Living II, License #12514 had deficiencies at the time of the visit.

0078 Staffing Standards - Staff

Based on personnel record review and interview, the facility failed to have documentation to ensure that 1 of 3 sampled staff (A) completed the ( ) examination and a written statement from a healthcare provider documenting freedom of signs and symptoms of communicable .

Findings:

Staff A's personnel record review revealed no documentation of a ( ) examination and freedom of signs and symptoms of communicable . Date of hire .

During an interview on at 2 PM with staff A, who stated that she just has to pick it up from health department.

During an interview on at 6 PM with the administrator on the telephone confirmed the above findings.

Class III

0083 Training - First Aid and .

Based on personnel record review and interview, the facility failed to ensure that 1 of 3 sampled staff (A) had completed the First Aid and ( ) with an approved accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health.

Findings:

Staff A's personnel record revealed an on-line certificate dated / for First Aid and but not approved by the Department of Health.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968650	07/13/2016
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)

During an interview on at 2 PM with staff A, who stated she was instructed that this was the course to take for First Aid and on-line by her supervisor/administrator.

During an interview on at 6 PM with the administrator disputed that the on-line First Aid and course/certificate was unacceptable during this visit. The administrator stated that this way of training for First Aid and has always been accepted in the past 4 years.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on personnel record review and interview, the facility failed to ensure documentation of 1 of 3 sampled staff (A) of the initial 4-hour training for assistance with self-administered medications was successfully completed as required when an unlicensed staff assist residents.

Findings:

Staff A's personnel record review revealed no documentation of the completed and required initial 4-hour training for assistance with self-administered medications to the residents. This training must be completed by a registered nurse or licensed pharmacist. Date of Hire .

On at 2 PM with staff A who confirmed that the initial 4-hour medication training for self-administration assistance had been completed but she had a personal emergency on same day of training and had to leave in the middle of the training.

During an interview on at 6 PM with the administrator offered no comment.

Class III

0152 Phvsical Plant - Safe Livina Environ/Other

Based on observation and interview, the facility failed to provide a safe living environment that was maintained free of hazards (pests).

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968650	**07/13/2016**

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)

Observations during a facility tour on at 10:15 am, the facility failed to maintain an environment free of bugs and pests. There were and living bugs observed in resident and in the common dining well as a frog just inside the front doorway that remained there for most of the visit. Also there was one, unidentified pill observed on the floor near the dining table.

On at 11:00 am, the owner was asked to provide exterminator reports and invoices, but she stated that they do not have a pest control provider.

At 6:00 pm on , the caregiver swept up the bugs, the frog and the pill and apologized that they were there all day. She could not identify the pill or for which resident it had been intended.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016004331

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2016, and 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