STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965743	07/13/2016
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

An unannounced complaint investigation (CCR 2016004718) was conducted in conjunction with complaint investigations (CCR 2016001384-revisit, CCR2016004678, CCR 2016005545 and CCR 2016005851) at Family Extended Care Assisted Living Facility (license 10095) in Melbourne, Florida from 12 to 13, 2016. No deficient practice was found related to complaint CCR 2016004718 at the time of the investigation.

0031 Resident Care - Third Partv Services

Based on record and interviews the facility failed to ensure the safety of 3 of 5 residents (Resident #2, #3 and #4) by requiring third party services to coordinate with the facility regarding the resident's condition and the services being provided.
Findings:
1. On in a record review of Resident #2's file, documented home health services were provided to Resident #2 starting on . Resident #2's file did not document why Resident #2 needed home health care, who prescribed the home health care or communication between the home health provider and the facility.

2. On in a record review of Resident #3's file, documented home health services were provided to Resident #3 starting on / . Resident #3's file documented the referral for home health services was to start on . Resident #3's file does not document why the delay in services or any communication between the home health provider and the facility.

3. On in a record review of Resident #4's file, documented a referral for third party services on / . Resident #4's file documented services started on . Resident #4's file does not document any communication between the third party provider and the facility. Resident #4's file contains a case plan but does not document it was reviewed by the facility.
On at 11:01 AM in an interview with the resident care manager, the resident care manager stated she generally talks to third party providers if they come to her office. The resident care manager stated the facility currently does not meet with the providers and the facility does not have a written policy which requires the third party providers to share information regarding resident care.
On at 11:34 AM in an interview with the administrator, the administrator stated the third party records are kept in the resident's . The administrator stated most of the third party providers are in sharing information. The administrator stated the facility does not document they have reviewed the third party notes or contacted the third party provider for information.
On at 2:14 PM in an interview with the administrator, the administrator stated the facility does not have a written policy regarding third party providers. The administrator stated, "we have a sign in the

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elevator," which asks the third party provider to go to the resident care manager's office.
Class III

0054 Medication - Records

Based on record review and interviews the facility placed residents at risk by failing to indicate for 1 of 5 residents (Resident #2) when a medication was given or refused on the medication observation record (MOR).
Findings:
On in a record review of Resident #2's file, documented on the MORs for the month of 2016 the following medication which was prescribed by Resident #2's primary health care provider but were left blank and not marked as having been taken or the resident refused to take the medication; Ensure (, and), ( ), (and), megestrol (and) and , (, and).
On at 11:01 AM in an interview with the resident care manager, the resident care manager stated she could not determine why Resident #2 had blank dates for medication. The resident care manager stated all of the records are audited weekly and should have an explanation per the facility policy.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016004678

Dear Administrator:

This letter reports the findings of a state licensure complaint 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 14, 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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida