STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910631	08/02/2016
NAME OF PROVIDER OR SUPPLIER **FLORIDA BAPTIST RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **1006 33RD STREET VERO BEACH, FL 32960**	

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

0000 Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on 2, 2016 at Florida Baptist Retirement Center (License #3206). The facility had deficiencies at the time of the visit.

0054 Medication - Records

Based on record review and an interview, the facility failed to ensure the Medication Observation Record (MOR) was accurate, for 1 out of 5 sampled residents (Resident #4).

The findings included:

On , Resident #4's 2016 MOR was reviewed. The MOR documented that the resident was given 200mg twice a day ( ) on two separate rows of the form, one dated / and the other). The documentation showed the resident was given double the doses of on 1st (8:00 AM and 5:00 PM) and (8:00 AM). An interview with the Licensed Practical Nurse (LPN) on at 1:00 PM revealed the duplicate entries on the MOR were in error and that the resident did not receive 2 different doses of on these dates. The MOR documentation was inaccurate.

Class III

0078 Staffing Standards - Staff

Based on record review and an interview, the facility failed to ensure that 1 out of 3 sampled staff (Staff A) had evidence of a negative examination ( )(freedom from) documented by a health care provider on an annual basis.

The findings included:

The personnel file for Staff A was reviewed for freedom from ( ) documented by a health care provider on an annual basis. There was no documentation of this dated within the previous year for this staff member. Staff A (hired)-last documented freedom from was dated .

The Administrator and the Business Office Manager were interviewed at approximately 3:00 PM on and confirmed that the documentation was not present and available for review. No additional documentation by a health care provider was presented at this time.

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Class III

0091 Training - Documentation & Monitoring

Based on record review and an interview, the facility failed to ensure the training certificates were completed, for 3 out of 3 sampled staff (Staff A, B and C).

The findings included:

On / at 2:00 PM, the personnel files were reviewed with the Administrator and Business Office Manager. Staff A, B and C had certificates of training that were either missing or did not have all of the required components. The staff members had attended the orientation that included the training and various inservices, but the certificates had not been completed as of this date. The following was identified:

1) Staff A (date of hire)
a) ( ) Policy and Procedures ( )-no time documented
b) Emergency Preparedness ( )-no time documented
c) Incident Reporting ( )-no certificate
d) /Neglect/ ( )-no time documented
e) Resident Rights (/)-no time documented

2) Staff B (date of hire)
a) Elopement Policy and Procedures-no certificate dated within 30 days of hire
b) / -no certificate within 30 days of hire
c) Emergency Preparedness-no certificate within 30 days of hire
d) Incident Reporting ( )-no certificate within 30 days of hire
e) /Neglect/ ( )-no certificate within 30 days of hire
f) Resident Rights( )-no certificate within 30 days of hire
g) ( ) Policy and Procedures ( )-no time documented

3) Staff C (date of hire)
a) Elopement Policy and Procedures-no certificate dated within 30 days of hire
b) Emergency Preparedness-no certificate within 30 days of hire
c) Incident Reporting ( )-no certificate within 30 days of hire
d) /Neglect/ ( )-no certificate within 30 days of hire
e) Resident Rights( )-no certificate within 30 days of hire
f) ( ) Policy and Procedures ( )-no time documented

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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The above findings were acknowledged during interview with the Administrator and Business Office Manager on [redacted] at 3:00 PM.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Florida Baptist Retirement Center
1006 33rd Street
Vero Beach, FL 32960

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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