| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968397 | 08/22/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>B & V LABELLE VIE ASSISTED LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE<br>193 ELDRON BLVD NE<br>PALM BAY, FL 32907 | |

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

**0000 Initial Comments**

On , 2016 a biennial re-licensures survey with Limited Mental Health (LMH) was conducted at B & V Vie Labelle Assisted Living Facility. Deficient practice was identified during the survey.

**0010 Admissions - Continued Residency**

Based on record review and interview, the facility failed to request an updated AHCA Form 1823 Health Assessment for clarification of type of medication assistance needed with diagnosis of including a finger check before administration for 1 of 7 sampled residents (#2).

Findings:

Resident #2's record review revealed an AHCA Form 1823 Health Assessment dated page 1 stated that "finger stick sugar check every day" and on page 3 it stated nursing needs to administer medication.

Diagnoses included: , multiple J & , type II , due to childhood , and history of .

The facility does not provide Limited Nursing Service (LNS) or have a nurse on staff. The facility has a Standard license with specialty of Limited Mental Health (LMH).

On at 2 PM an interview with the administrator who confirmed the findings.

Class III

**L241 LMH - Records**

Based on record review and interview, the facility failed to ensure a completed Alternate Care Certification for , ( ) form, CF-ES Form 1006 for 1 of 7 sampled residents (#7) required for Limited Mental Health (LMH) placement.

Findings:

Resident 7 was identified as a limited mental health (LMH) resident, but there were no evidence or documentation of the required form CF-ES 1006.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968397** | **08/22/2016** |
| NAME OF PROVIDER OR SUPPLIER<br>**B & V LABELLE VIE ASSISTED LIVING** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**193 ELDRON BLVD NE**<br>**PALM BAY, FL 32907** | |

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

An interview on at 4 PM with the administrator who acknowledged that he overlooked this form.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
B & V Labelle Vie Assisted Living
193 Eldron Blvd Ne
Palm Bay, FL 32907

**RE: Re-licensure w/LMH**

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

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