STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966928	**10/04/2016**
NAME OF PROVIDER OR SUPPLIER **NORWOOD ASSISTED LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **325 NORWOOD ST** **MERRITT ISLAND, FL 32953**	

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

0000 Initial Comments

A Complaint Investigation #2016007841 was conducted on . Norwood Assisted Living Inc., (License # 11011) had deficiencies at the time of the investigation.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to have documentation of the initial Health Assessment form (1823), used to make a determination if the resident is appropriate for placement in an Assisted Living Facility for 1 of 3 sampled residents (#2).

Findings:

Record review for resident #2 revealed the date of admission to the facility was . There was no documentation of the initial admission AHCA form 1823 Health Assessment found in the record.

On at 4 PM an interview with the Administrator Designee who confirmed the finding.

Class III

0078 Staffing Standards - Staff

Based on personnel record review and interview, the facility failed to ensure newly hired staff had a written statement from a health care provider documenting freedom from any signs or symptoms of communicable including ( ) for 1 of 4 sampled staff (C).

Findings:

Staff C's personnel record review revealed date of hire . Review of the staff work schedule revealed staff C was scheduled to work 7pm-7am.

An interview on at 4 PM with the Administrator Designee confirmed that staff C did not have the exam or communicable statement.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

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

Based on personnel record review and interview, the facility failed to have documentation the initial 4-hour Assistance with Self-Administered Medication and Medication Management training was completed for 1 of 4 sampled staff (A).

Findings:

Staff A's personnel record revealed no evidence the initial 4-hour assistance with self-administration of medication training course was completed. Date of hire .

On at 4 PM, an interview with the Administrator Designee who was not able to locate documentation of the training.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to ensure that the doorbell to the entrance of the facility was maintained and in good working order.

Findings:

An observation on at 12 PM (noon), the doorbell was rung to the facility and it was not working. Staff did not answer the door until I began knocking on the door.

On at 12:05 PM an interview with the caregiver staff (B) who answered the door and stated the doorbell was not working.

On at 4 PM an interview with the Administrator Designee who confirmed the doorbell was not working.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Norwood Assisted Living, Inc
325 Norwood St
Merritt Island, FL 32953

RE: CCR #2016007841

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation 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 22, 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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