STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967977	**11/14/2016**
NAME OF PROVIDER OR SUPPLIER **GENERATIONS ON THE BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **427 ORIOLE LANE INDIALANTIC, FL 32903**	

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

0000 Initial Comments

A Re-licensure survey was conducted on 11/14/2016. Generations on the Beach Assisted Living (License#11930) had deficiencies at the time of the visit.

0008 Admissions - Health Assessment

Based on resident record review, observation and interview the facility failed to ensure the Agency for Health Care Administration Health (AHCA) Assessment form 1823 was completed entirely by the healthcare provider for 5 of 6 sampled residents (#2, #3, #4, #5 & #6).

Findings:

1. Resident #2's record review revealed the AHCA Health Assessment form 1823 dated did not have the type of medication assistance marked, this portion of the form was left blank. The resident's date of admission was

2. Resident #3's record review revealed that the AHCA Health Assessment form 1823 had no date of the examination, there was no signature by the healthcare provider completing the assessment and no type of medication assistance marked was marked, the portion of the form that required the above information was left blank. The resident's date of admission was .

A Medication Pass observation on at 10 AM revealed resident #3 was able to understand the name of his medications and reasoning why they are taken and was able to take his own medications.

Furthermore, resident #3 was interviewed with the Assisted Living Facility (ALF) Manager discussing resident #3 revealed the resident was assessed to need total care in the Activities of Daily Living (ADLs). the resident is not receiving Hospice Care.

3. Resident #4's record review revealed that the AHCA Health Assessment form 1823 dated did not have type of medication assistance the resident needed, this portion of the form was left blank and there was no mention or instructions for the care & services of the . The resident's date of admission is

4. Resident #5's record review revealed that the AHCA Health Assessment form 1823 dated revealed there was no type of medication assistance the resident needed, this portion of the form was left blank and there was diet marked. The resident's date of admission was .

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5. Resident #6's record review revealed that the AHCA Health Assessment for 1823 dated 9/12/2016 there was no type of medication assistance the resident needed marked, this portion of the form was let blank.

On 11/ at 5 PM, both the Assisted Living Facility (ALF) Manager and Administrator confirmed the findings of missing information & incomplete required on all the AHCA 1823 Form Health Assessments for resident #2, #3, #4, #5, & #6.

Class III

0010 Admissions - Continued Residency

Based on record review, observation and interview the facility failed to ensure proper documentation verifying appropriate continued residency for 1 of 6 sampled residents (#3) needing total care on Activities of Daily Living (ADLs).

Findings:

Resident #3's record review revealed an Agency for Healthcare Administration (AHCA) Health Assessment not dated or signed by the healthcare provider that resident #3 needs "total care" with activities of daily living (ADLs). Further record review revealed the resident was not receiving Hospice Services. This indicates that the resident is not appropriate for an Assisted Living Facility.

An interview on 11/ at 5 PM with both the Assisted Living Facility manager (ALF) and administrator confirmed the finding.

Class III

0078 Staffing Standards - Staff

Based on personnel record review and interview, the facility failed to have documentation of freedom from signs or symptoms of communicable from a healthcare provider within 30 days of employment for 2 of 5 sampled staff (B & D).

Findings:

1. Review of staff B's personnel record revealed there was no documentation from a health care provider of freedom from communicable . Staff B's date of hire is .

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2. Staff D's personnel record review revealed date of hire 6/18/2016. There was no documentation from a healthcare provider of freedom from communicable .

An interview on 11/ at 5 PM with the Assisted Living Facility (ALF) manager and administrator who confirmed the findings.

Class III

0081 Training - Staff In-Service

Based on personnel record review and interview, the facility failed to provide documentation for 2 of 5 sampled staff (C & D) of the 1-hour staff in-service trainings for staff providing direct care to the residents on a daily basis within 30 days of employment.

Findings:

1. Staff C's personnel record review revealed that date of hire on , and there was no evidence the staff received the required in-service training within 30 days of employment to include:

1. 1-hour control including universal precautions training
2. 1-hour Activities of Daily Living (ADLs) and behavioral needs training
3. 1-hour Elopement response training
4. 1-hour Resident Rights training
5. 1-hour recognizing & reporting , Neglect, and training

2. Staff D's personnel record review revealed that date of hire of . There was no evidence 1-hour staff in-service training for Elopement response training was completed within 30 days of employment.

On / at 4 PM with the Assisted Living Facility (ALF) manager who stated that those trainings were mistakenly overlooked.

Class III

0082 Training - /

Based on personnel record review and interview the facility failed to provide documentation of the

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one-time education training in / (/) 1 of 5 sampled staff (D) within 30 days of employment.

Findings:

Review of Staff D's personnel record review revealed a hire date of . There was no evidence or documentation of the one-time education training in / completed within 30 days of employment.

An interview on / at 5 PM with the Assisted Living Facility (ALF) manager and administrator who confirmed the findings.

Class III

0083 Training - First Aid and

Based on personnel record review and interview, the facility failed to ensure documentation of the First Aid and ( ) training completed & holds a current valid card that the course completed in the facility at all times from an accredited college; university or vocational school; a licensed hospital; the American Red Cross; American Association; National Safety Council; or a provider approved by the Department of Health for 2 of 5 sampled staff (A & D).

Findings:

1. Staff A's personnel record revealed an online training certificate that expired for First Aid &

2. Staff D's personnel record revealed there was no documentation that First Aid training was completed.

An interview on / at 5 PM with the Assisted Living Facility (ALF) manager and administrator who confirmed the findings.

Class III

0090 Training -

Based on personnel record review and interview, the facility failed to provide 2 of 5 sampled staff (C & D), at least a 1-hour ( ) training within 30 days after employment.

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Findings:

1. Staff C's personnel record review revealed date of hire on 8/24/2015. There was no evidence or documentation that the training was completed.

2. Staff D's personnel record review revealed date of hire on . There was no evidence or documentation that the training was completed.

An interview on 11/ at 4 PM with the Assisted Living Facility (ALF) manager who confirmed that she thought that staff C had completed training.

Class III

0162 Records - Resident

Based on resident record review and interview, the facility failed to maintain documented semi-annual weight record for residents who requires & needs assistance with Activities of Daily Living (ADLs) for 4 of 6 sampled residents (#1, #2, #3, and #4).

Findings:

1. Resident #1's record review revealed no semi-annual weights documented since / .Resident #1 requires assistance with all ADLs.

2. Resident #2's record review revealed no semi-annual weights documented since of 110 lbs. Resident #2 requires supervision on ambulation, bathing, toileting, and transferring ADLs documented on the AHCA 1823 Form Health Assessment dated .

3. Resident #3's record review revealed no semi-annual weights documented. Date of admission on . Resident #3 requires total assistance for all ADLs except eating.

4. Resident #4's record review revealed no semi-annual weights documented. Date of admission / . Resident #4 requires assistance of ADLs with ambulation, bathing, and transferring & total assistance with dressing and toileting.

An interview on 11/ at 3 PM with the Assisted Living Facility (ALF) Manager who confirmed was not aware that weights had to be completed semi-annually for each resident.

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Class III

0167 Resident Contracts

Based on resident record review and interview, the facility failed to maintain copy of the original executed financial contract agreement & addendum contract for 1 of 6 sampled residents (#5) in the facility at all times.

Findings:

Resident #5's record review revealed no documentation or no evidence of the original and/or addendum financial contract agreement. Resident #5 was admitted into the facility on .

An interview on 11/ at 3 PM with the Assisted Living Facility (ALF) Manager confirmed that she was unable to locate the financial contract agreement for resident #5.

An interview on 11/ at 5 PM with the Administrator who confirmed also that she was unable to locate resident #5's financial contract agreement within the facility.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Generations On The Beach
427 Oriole Lane
Indialantic, FL 32903

RE: Re-licensure

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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