STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966794	11/15/2016
NAME OF PROVIDER OR SUPPLIER **SERENITY LIFESTYLE PLUS, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **490 BRIGHTON AVE NE** **PALM BAY, FL 32907**	

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

0000 Initial Comments

On 15, 2016 a re-licensure survey with Limited Nursing Service (LNS) survey was conducted at Serenity Lifestyle Plus LLC, license #10937. There were deficiencies found at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview, the facility did not ensure the health assessment form 1823 was complete for 1 of 2 sampled residents (#2).

Findings:

Resident #2 was admitted to the facility on . A review of his health assessment form 1823 dated / revealed the sections regarding his weight, height, and the question pertaining to whether his needs could be met in an assisted living facility were all blank.

There was no documented evidence in the record to indicate the facility obtained the omitted information either orally or in writing from the health care provider.

On / / at 12:30 PM, the administrator confirmed the findings.

Class III

0054 Medication - Records

Based on record review and interview, the facility failed to maintain updated Medication Observation Records (MORs) for 1 of 2 sampled residents (#1).

Findings:

1. Review of the 2016 MOR for resident #1 revealed an entry for 50 milligrams (mg) 1 tablet by mouth three times daily as needed (PRN) for back or shoulder pain.

The times, not initials, were documented in the boxes from 11/01/16- / . There was no documentation that indicated who gave the medication, why resident #1 received the medication, and whether the medication was effective.

On / at 12:50 PM, the administrator confirmed the findings and said "I only put the times I

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administer it."

2. Record review for resident #1 revealed three pages of undated MORs. Each page listed undated medications that were signed as given.

On 11/15/16 at 12:50 PM, the administrator confirmed the MORs were not dated and said the MORs were for the month of . 2016.

Class III

0093 Food Service - Dietary Standards

Based on record review and interview, the facility failed to keep regular and therapeutic menus, as served, on file for 6 months.
Findings:
Review of the facility's menus for the last 6 months revealed there were no menus dated through .
On / at 2:15 PM, the administrator confirmed the findings and said she did not have the menus.
Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observations and interview, the facility did not maintain a living environment free of hazards and did not ensure all architectural and structural systems were maintained in good working order.
Findings:
Observations during a tour of the facility revealed the sitting cushions of five dining were stained.
On / at 1:55 PM, the administrator confirmed the findings and said " I bought new chairs but I'm moving in about two to three months then I will be throwing these in the trash."

Class III

0167 Resident Contracts

Based on record review and interview, the facility failed to ensure a resident contract had all required information for 1 of 2 resident contracts reviewed (#2.)
Findings:
Record review for resident #2 revealed a contract dated did not contain a list of services and costs for Limited Nursing Service (LNS,) a license held by the facility.

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SUMMARY STATEMENT OF DEFICIENCIES
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On 11/15/16 at 12:30 PM, the administrator confirmed the above finding and said "I thought you only had to give them the information if they were receiving LNS."

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

', 2016

Administrator
Serenity Lifestyle Plus, LLC
490 Brighton Ave Ne
Palm Bay, FL 32907

RE: Re-licensure w/LNS

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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