STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968386	12/22/2016
NAME OF PROVIDER OR SUPPLIER **LE BONFIRE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **152 BONFIRE AVE** **MELBOURNE, FL 32907**	

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

0000 - Initial Comments

A re-licensure survey was conducted on 12/22/2016. Le Bonfire Inc. Assisted Living Facility (License #12307) had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on resident record review and interview, the facility failed to ensure that the Agency for Health Care Administration AHCA) 1823 Health Assessment form was dated by healthcare provide for 1 of 2 sampled residents (#1).

Findings:

Resident #1's record review revealed that a AHCA 1823 Health Assessment form was completed but had no date signed by the physician. Furthermore, the AHCA 823 Health Assessment form revealed that resident #1 is under the care of Hospice. Date of admission .

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

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on the personnel record review, facility staff work schedule and interview, the facility failed to ensure documentation of attendance for First Aid and ( ) training for 1 of 3 sampled staff (C) was completed by an accredited college, university, vocational school, a licensed hospital, American Red Cross, American Association, National Safety Council, or an approved provider by the Department of Health.

Findings:

Staff C's personnel record revealed date of hire / . There was no documentation or evidence that First Aid and training was completed.

The posted facility's staff work schedule for the two-week work period - revealed that staff C worked alone on and from the hours of 9am-12pm (noon).

On at 2 PM an interview with the administrator offered no comment and confirmed the findings.

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Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on the personnel record review and interview, the facility failed to have a copy of a completed employment application with references on file for 1 of 3 personnel files reviewed (C).

Findings:

Staff C's personnel record revealed the date of hire was on / but no copy or documentation of the employment application with references was found on file.

On at 2 PM an interview with the administrator who stated that the employment application was overlooked. She also, confirmed the above findings.

Class

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Le Bonfire Inc
152 Bonfire Ave
Melbourne, FL 32907

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 , 2017.** 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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com