STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968716	**12/12/2016**
NAME OF PROVIDER OR SUPPLIER **INSPIRED LIVING AT PALM BAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **350 MALABAR RD SW PALM BAY, FL 32907**	

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

0000 - Initial Comments

On 12/12/2016 a biennial re-licensure survey was conducted at Inspired Living at Palm Bay (license #12617). There were deficiencies found at the time of the visit.

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and interview, the facility did not make every reasonable effort to ensure that a prescription for 1 of 3 sampled residents (#7) who received assistance with self-administration of medication was filled in a timely manner.
Findings:
Record review for resident #7 revealed a health assessment form 1823 dated / that read she required assistance with self administration of her medications.
Review of her 2016 Medication Observation Record (MOR) revealed an entry for 50 milligrams (mg) give 1 tablet by mouth once daily at 8:00 AM. The staff initials were circled on / , / , / , / , / , / , / , / , / , / , / . The back of the MOR read 'waiting on pharmacy delivery.'
There was no documented evidence the health care provider discontinued the medication.
During an interview with the health and wellness director on / at 3:00 PM, she said the resident's daughter did not want to pay for the medication.
Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure that 1 of 4 staff sampled (A) had received training in .
Findings:
In an interview with Staff A on / / at 1:20 PM, she was unable to answer the question, "Do you know what a is? "When shown the letters in writing she still did not know. When told that stood for , she stated, "I don't know what that is."
Personnel record review for Staff A revealed a certificate dated / for training in . No hours were indicated on the certificate.
In an interview with the administrator on 12/1 / at 2:20 PM, she said she would provide another in service for Staff A.
Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Inspired Living At Palm Bay
350 Malabar Rd Sw
Palm Bay, 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,

Lorraine Henry

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

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