STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967568	01/23/2017
NAME OF PROVIDER OR SUPPLIER ALF AT OCEAN BREEZE GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 500 LEE AVE SATELLITE BEACH, FL 32937	

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

0000 - Initial Comments

The biennial re-licensure survey was conducted on 01/23/2017. ALF at Ocean Breeze Gardens (license #11569) had deficiencies at the time of the survey.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observations. record review and interview the facility failed to ensure the unlicensed staff who assisted 1 of 1 resident (#9) with self-administration of medications followed the correct procedure.

Findings:

During observation of the medication pass at 11:00 AM, staff C unlocked the medication cabinet in the dining removed the box of medications and MOR for Resident #9. She brought them to the resident who was seated in her a manicure. Staff C explained that she was giving her the 11AM inhaler medication. She handed the inhaler to the resident and walked out of the . The resident was observed using the inhaler. She shook the inhaler and placed it in her mouth. She attempted 4 puffs, the first one did not actually produce medication, but the other 3 did produce puffs of medication. Staff C then returned to the a pen and took the inhaler back and put it in the box. She documented in the MOR and brought everything back to the medication cabinet and locked the cabinet.
Review of the MOR and the physician orders revealed an order dated and signed by Dr. Roque for ProAir Oral Inhaler 8.5mg. Directions for use stated, "Inhale 2 puffs by mouth four times daily while awake."
In an interview with Staff C at 11:05 AM on / , when asked if she watched the resident take the medication, she said, "Oh, yes I usually do but I forgot my pen and I just ran out to get the pen."
In an interview with the administrator on / / at 1:30P M, he said Staff C knows the proper procedure but she might have been nervous.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to have evidence showing that 2 out of 4 sampled staff (A & C) had received the required in-service training within 30 days of employment.

Findings:

Review of the personnel record for Staff A, hired on / , did not reveal evidence or certificates for

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

training in Elopement Response or Emergency preparedness & Evacuation.

Review of the personnel record for Staff C, hired in 2016, did not reveal evidence of training in Recognizing/ Reporting , Neglect & .

In an interview with the administrator on / / at 3:10PM, he stated he was sure they had the trainings but was unable to find any certificates.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on Agency Background Screening Clearinghouse review and interview, the facility failed to register and maintain the accurate employment status of employees within the Agency's Background Screening Clearinghouse and report any changes in status within 10 business days for 4 of 4 sampled employees (A, B, C, D).

Findings:

Review of the Agency Background Screening Roster revealed Staff B and C were not listed on the facility's employee roster.

Staff D, the owner/administrator who opened the facility in , was listed with a start date of / /.

Staff A, hired / , was also listed with a start date of / /.

In an interview with the administrator on / / at 3:30 PM, he stated that he thought when he listed someone for a screening, they automatically appeared on the roster.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Alf At Ocean Breeze Gardens
500 Lee Ave
Satellite Beach, FL 32937

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2017 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

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