STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922343	01/31/2017
NAME OF PROVIDER OR SUPPLIER **ELMS (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1740 ELMHURST CIRCLE** **PALM BAY, FL 32909**	

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

0000 - Initial Comments

The re-licensure survey was conducted on 01/31/2017. The Elms (license #8013) had deficiencies found 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 obtain an updated Health Assessment (form 1823) every 3 years or when a significant change in health status occurred for 1 of 2 residents sampled residents (#1).
Findings:
Review of the record for resident #1, who was admitted on and has a diagnosis of , and Type 2, revealed a health assessment (1823) dated .
In an interview with the administrator // at 10:30AM, she confirmed the form dated was the only one she had and it was over . She stated that she had not gotten a new 1823 for resident #1.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on personnel record review and interview, the facility failed to ensure that 1 of 3 personnel records reviewed (C) contained an annual healthcare provider statement that indicated freedom from ( ).

Findings:

Personnel record review for Staff C, hired , revealed a negative statement from a healthcare provider dated . There was no statement indicating evidence of freedom from for 2016.

In an interview on // at 12:45PM with the Administrator, she stated Staff C "had a chest x-ray done in 2015 and it should be good for 2 years." She sated she was not aware a healthcare provided needed to document freedom from on a yearly basis.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on a review of the posted staff schedule and interview, the facility did not maintain a written work schedule that reflected its 24-hour staffing pattern for a given time period.

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings:

Review of the facility's posted staff schedule for 2017 revealed that for every day in , there was either an "O" or a "D" in the box for the calendar date for each of the 3 facility staff. No hours were reflected on the written schedule. There was no way to work hours using the schedule provided.

On / / at 12:45PM, the administrator explained the "O" meant "on" and the "D" meant "day off." When asked what the scheduled hours for each "O" were, she said they just worked when needed. She stated there was always at least one person in the facility. Staff C is a live-in and she works nights unless she is off. Then one of the other 2 (Staff A, the administrator or Staff B, her sister, a caregiver) staff fill in for the night. The schedule reflected no days off in the month of for Staff A and one day off in for Staff B.

Class III

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

Based on personnel record review and interview, the facility failed to have one staff member who held a currently valid card that documented the completion of courses in First Aid was in the facility at all times.

Findings:

Review of the staff schedule for the week of / - , showed Staff C worked alone on the night shifts on 5 nights. Personnel record review for Staff C revealed an online certificate for First Aid dated

On / / at 12:45PM, the administrator stated she thought Staff C had taken a regular First Aid Course. After reviewing the certificate in the record, she confirmed that it stated "Online First Aid." The administrator will be working the night shift until Staff C obtains her First Aid certificate.

Class III

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

Based on personnel record review and interview, the facility failed to ensure that 1 of 3 staff sampled staff (C) received 1 hour of training regarding ( ) within 30 days of hiring.

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

Findings:

Personnel Record Review for Staff C, who was hired on , revealed there was no record of training.

On / / at 12:45 PM, the Administrator confirmed there was no evidence of training for Staff C.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on menu review, observations and interview, the facility did not ensure the correct menu for the week in use of the 4-week rotational cycle was posted and served.

Findings:

Review of the posted menu revealed Week 1 posted on the community bulletin board.

Review of the menus for the past 6 months revealed that the 4-week rotation was not being used. Menus were present and hand-dated for every week in the past 6 months; however, the cycle number 1 or 2 was crossed out and changed to read 1, 2, 3, and 4 in succession.

Cycle 1 was used on the following weeks: , / , / / , / , / , / , / , / , , / , , / / , / , / , and was posted to be served for every week in
Cycle 2 was used on the following weeks: , / , / / , , / , , / / , / , / , , / / , , , / , / / , , , , / / ,
Cycle 3 was not used on any weeks in the past 6 months
Cycle 4 was not used on any weeks in the past 6 months

On / / at 2:00 pm, the administrator said, "I don't understand how this happened. We follow the menu and always make sure it is posted." When shown how the cycle weeks were crossed out, she confirmed the cycle numbers were changed.

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Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on the Admission and Discharge Log review, resident record review and interview, the facility did not maintain an accurate and up to date log.

Findings:

Review of the Admission and Discharge log revealed resident #4 was not on the facility's log.
Review of resident record indicated resident #4 was admitted on [illegible].

On [illegible] at 1:00 PM, the administrator confirmed the log was not correct. She stated Resident #3 was admitted after resident #4 and she put resident #3 on the log. She did not have an explanation as to why #4 was not written on the log.

Class

0167 - Resident Contracts - 58A-5.025 FAC

Based on resident record review and interview, the facility failed to: a) maintain a full and complete signed contract for 1 of 2 sampled residents (#3). that included a provision in the resident agreement contracts documenting that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C. and every 3 years thereafter, or after a significant change for 2 of 2 sampled residents (#1 and #3).

Findings:

Resident record review revealed no provision in the agreement contract documenting residents must be assessed every 3 years thereafter admission, or after a significant change for either resident #1 or #3.

Review of the contract for resident #3 reveal that only a portion of the pages were present. The contract contained pages 1, 3, 5, 7, a refund policy page (not numbered) and the informed consent for unlicensed personnel to assist with self-administration of medications. Pages 2, 4 and 6 were missing.

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In an interview on / / at 2:10 PM with the administrator, she confirmed that the provision to update the health assessments was not in the contract. She also stated regarding resident #3's POA, "I gave him the paper to give back to us. I haven't gotten it back.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Elms (the)
1740 Elmhurst Circle
Palm Bay, FL 32909

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

XG90

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