STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966476	**03/22/2017**
NAME OF PROVIDER OR SUPPLIER **CLARKE'S ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **48 EMERSON DRIVE NW** **MELBOURNE, FL 32907**	

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

0000 - Initial Comments

An Annual Monitoring visit was conducted on . Clarke's Assisted Living (License# 10686) 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 Health Assessment Agency for Health Care Administration (ACHA) 1823 was competed with the required information documented on the form for 4 of 4 sampled residents (#2, #4, #5, and #6).

Findings:

1. Record review for resident #2 revealed an incomplete 1823 AHCA Form Health Assessment dated . The portion of the form regarding "free from communicable " & "are there any pressure sores" was left blank.

2. Record review for resident #4 revealed an incomplete AHCA Form Health Assessment form 1823 dated . The portion of the form regarding "free from communicable " & "are there any pressure sores" was left blank.

3. Record review for resident #5 an incomplete AHCA Form Health Assessment form 1823 dated . The portion of the form regarding "free from communicable " & "are there any pressure sores" was left blank.

4. Record review for resident #6 revealed an incomplete AHCA Form Health Assessment form 1823 dated . The portion of the form regarding "free from communicable " & "are there any pressure sores" was left blank.

During an interview on at 2:30 PM, with the administrator's designee who looked at all the ACHA 1823 forms and confirmed the findings.

Class III

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on resident record review and interview, the facility failed to obtain a new AHCA Health Assessment form 1823 completed by the healthcare provider for a significant change for 1 of 5 sampled

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residents (#8).

Findings:

Resident #8's record review revealed an AHCA Form Health Assessment form 1823 dated . The resident was placed on Hospice . There was no updated 1823 related to the resident being placed on Hospice.

On at 2:30 PM, an interview with the administrator designee whom stated that he was not aware that a new AHCA 1823 form is needed when a resident is admitted onto Hospice care.

Class III

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

Based on observation and interview, the facility failed to maintain a written staff work schedule that reflects a 24-hour staffing pattern for the month of 2017.

Findings:

On at 12:30 PM, there was no documentation of a written staff work schedule reflecting the 24-hour staffing pattern for the month of 2017.

On at 12:35 PM, an interview with the administrator designee who stated the Administrator had not completed the 2017 staff work schedule.

Class III