STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965167	**04/19/2017**
NAME OF PROVIDER OR SUPPLIER **ABOVE THE REST ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **2360 MADRID AVENUE S.E.** **PALM BAY, FL 32909**	

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

0000 - Initial Comments

A Limited Nursing Services (LNS) monitoring visit was conducted on , , 2017. Above The Rest Assisted Living Facility, license #9646, had a deficiency at the time of the visit.

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

Based on personnel record reviews and interview the facility failed to ensure that 1 of 2 staff (A) submitted a healthcare provider statement that indicated freedom from communicable within 6 months prior to hire or within 30 days of hire.

Findings:

Personnel record review for staff A revealed a hire date of . . . . . The record did not contain a statement from a healthcare provider that indicated staff A was free from communicable , as required.

On . . at 10:45 am, the administrator confirmed the finding.

Class III