STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966697	**07/26/2017**
NAME OF PROVIDER OR SUPPLIER **BRENNITY AT VERO BEACH(THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **7975 17 LANE** **VERO BEACH, FL 32966**	

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

0000 - Initial Comments

An unannounced Relicensure with Extended Congregate Care survey was conducted on and at The Brennity at Vero Beach, License #10830. The facility had deficiencies at the time of the visit.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and staff interview, the facility failed to:
1) Post a copy of the Resident Bill of Rights in full view in a freely accessible resident area in 1 of 4 buildings/units (Memory Care).
2) Post telephone numbers to required agencies for lodging complaints in full view in common areas accessible to all residents, close to proximity to a telephone accessible by residents, in a minimum 14-point font.

The findings included:

1) During tour of the memory care unit on , there were no postings of the Resident Bill of Rights anywhere in the Memory Care Unit.

2) Also, the required telephone numbers for lodging complaints against a facility or staff were not found posted in full view in a common area accessible to all residents anywhere within the Memory Care Unit. These numbers are:
Long-Term Care Ombudsman Program - 1(888) 831-0404
, Rights Florida - 1(800) 342-0823
The Agency Consumer Hotline - 1(888) 419-3456
The Florida Hotline -1(800) 96- or 1(800) 962-2873
The telephone numbers are to be posted in close proximity to a telephone accessible by residents and must be a minimum of 14-point font.

On at approximately 12:30 PM, the Resident Services Director confirmed the absence of the required postings in the Memory Care unit.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and an interview, it was determined the facility failed to ensure the Medication

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Observation Record (MOR) was accurate and up-to-date, for 3 out of 5 sampled residents (Resident #1, #8, and #9) who required assistance with the self-administration of medication.

The findings included:

During review of the , 2017 MOR's on and , the following omissions and errors were identified:

1) Resident #1
a. 5:00 PM dose for had not been initialed as given for .

2) Resident #8
a. 8:00 AM dose for had not been initialed as given for D3.

3) Resident #9
a. 7:00 AM-3:00 PM shift , care for had not been initialed as completed.

The Administrator and Resident Services Director were notified of these findings on at 2:00 PM. The facility provided no additional documentation for review at this time.

Class III

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

Based on employee record review and staff interview, the facility failed to obtain, within 30 days of hire, a written statement from a health care provider documenting that 1 of 3 staff reviewed did not have any signs or symptoms of a communicable (Staff D).

The findings included:

On , during review of the employee file for Staff D, whose date of hire was , a written statement from the employee's health care provider documenting Staff D was free from any communicable was not located within this employee's file.

On , at approximately 12:45 PM, a request was made to the Resident Services Director and Human Resource Coordinator for the missing "free from communicable " written health statement for Staff D.

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At the time of exit on at 1:45 PM, the Human Resource Coordinator confirmed that the requested health statement for Staff D was not available.

Class III

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

Based on observation, employee record review and staff interview, the facility failed to ensure 2 of 3 employees, whose trainings were reviewed, had completed the state required staff in-service trainings within 30 days of employment (Staff A and Staff D).

The findings included:

On and , Staff A and Staff D were observed providing assistance with activities of daily living, including serving food during the lunch meal, to the residents in the memory care unit.

During review of the employee file for Staff A (date of hire), there were no training certificates documenting completion of the required in-service trainings for the following subjects:
a) Elopement Response
b) Emergency Preparedness and Evacuation
c) Incident Reporting
d) Nutritional and Safe Food Handling

During review of the employee file for Staff D (date of hire), there was no training certificate documenting completion of the required in-service training for the following subject:
a) Nutritional and Safe Food Handling

On , at approximately 12:45 PM, a request was made to the Resident Services Director and Human Resource Coordinator for the training certificates for Staff A and Staff D documenting the completion of the required in-service trainings listed above.

At the time of exit on at 1:45 PM, the Human Resource Coordinator confirmed that the requested certificates for these staff were not available.

Class III

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

Based on observation, employee record review and staff interview, the facility failed to ensure 1 of 3

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direct care staff, whose trainings were reviewed, had completed the state required ( ) Training within 30 days of employment (Staff A).

The findings included:

On and , Staff A was observed providing direct care and assistance with activities of daily living to the residents in the memory care unit.

During review of the employee file for Staff A (date of hire) , there was no training certificate documenting completion of the required in-service training.

On , at approximately 12:45 PM, a request was made to the Resident Services Director and Human Resource Coordinator for the training certificate for Staff A documenting the completion of the required in-service training listed above.

At the time of exit on at 1:45 PM, the Human Resource Coordinator confirmed that the requested certificate for Staff A was not available.

Class III

0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC

Based on record review and staff interview, the facility failed to ensure that the individual designated for total food services and the day-to-day supervision of food service staff had completed the food and nutrition services training before assuming responsibility as Food Designee.

The findings included:

On , a review of personnel records for the facility's Culinary Director, whose hire date is and who is listed as the facility's Food Designee, was completed.. The employee file contained no 2 hour Food and Nutrition Certificate to confirm completion of this required training prior to assuming the responsibilities of Food Designee.

An interview was conducted with the Culinary Director on at approximately 12:30 PM. He confirmed that he had not completed the required 2 hour Food and Nutrition Training prior to assuming the Food Designee responsibilities or at any time since his hire date.

Class III

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

Based on observation and staff interview, the facility failed to:
1) conspicuously post, or make easily available to residents, weekly planned food menus for residents on 4 of 4 units (Assisted Living Units: Juniper Terrace and Hawthorne Way; and Memory Care Units: Cypress Way and Mangrove Circle); and
2) keep the substitution menus on file for at least 6 months.

The findings included:

A tour of the facility on revealed 3 separate dining areas for the residents of this facility. There was one main dining provided meals to the assisted living residents residing in Juniper Terrace and Hawthorne Way. Each of the Memory Care Units, Cypress Way and Mangrove Circle, had their own dining . There were no weekly menu postings available to the residents in the 4 buildings of this facility. There was, however, a daily menu posted in each dining detailed the meal for that day.

A review of the weekly menu (Week #3) shows lunch meal for as: 1 Grilled Tomato Bacon and Cheese or Tex Mex Casserole, Brussel Sprouts/Rosasted Beets, Potato Leak Soup/Salad, and Bread Pudding. The daily menu documented meal as Clam Choweder soup/salad, 1 Grilled Cheese Sandwich, Zucchini and Squash, and Red Cabbage. The substitutions made were of equal nutritive value.

Interview was conducted with the Resident Services Director on at 12:30 PM regarding the requirement to conspicuously post, or make easily available, the weekly menus. She acknowledged the weekly menus were not posted or easily available to the residents. On at 12:45 PM, the Administrator confirmed that each unit would have a copy of the weekly menu posted right away.

During interview with the Culinary Director on at approximately 12:30 PM, he stated he keeps a substitution log for al substitutions, but he only keeps the log for 90 days (3 months). He stated he was unaware of the requirement that the substitution log had to be kept on file for 6 months.

Class