

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967587	(X3) DATE SURVEY COMPLETED R 09/05/2017
NAME OF PROVIDER OR SUPPLIER BRENNITY AT MELBOURNE	STREET ADDRESS, CITY, STATE, ZIP CODE 7365 ORCHESTRA LN MELBOURNE, FL 32940	

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

0000 - Initial Comments

A revisit to an Extended Congregate Care (ECC) monitoring visit was conducted on , 2017. The Brennity at Melbourne, license #11595, had deficiencies at the time of the revisit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record reviews and interview, the facility failed to ensure that 1 of 7 staff records (D) contained documented evidence of a negative () examination on an annual basis.

Findings:

Personnel record review for staff D revealed a hire date of . The record contained results of a chest x-ray that was dated on . The results indicated there were no signs of active . The record contained no evidence of a negative examination since , as required.

On at 10:28 am, the administrator confirmed the finding and said she thought the chest x-ray was good enough.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record reviews and interview, the facility failed to ensure 1 of 5 sampled staff (C) received required in-service training within 30 days of hire.

Findings:

Personnel record review for staff C, a caregiver, revealed a hire date of 2016. The record did not contain evidence to indicate that staff C received the following required training within 30 days of hire:

1. 3 hours of in-service training that covered resident behavior and needs and providing assistance with the activities of daily living.
2. Facility emergency procedures including chain-of-command and staff roles relating to emergency

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evacuation. 3. Reporting adverse incidents. 4. In-service training regarding the facility's resident elopement response policies and procedures. 5. In-service training in safe food handling practices. On at 11:04 am, the administrator said that staff C did not receive the trainings. Class III 0089 - /Other - Special Care - 429.178 FS DEFICIENCY REMAINED UNCORRECTED Based on personnel record reviews and interview, the facility failed to ensure 1 of 4 direct care staff (D) received up to 4 hours of initial -specific training within 3 months after beginning employment and failed to ensure 2 of 4 direct care staff (D and G) received 4 additional hours of training within 9 months after beginning employment. Findings: 1. Personnel record review for staff D, a caregiver, revealed a hire date of The record did not contain documented evidence to indicate that staff D received 4 hours of initial -specific training within 3 months and 4 additional hours of training within 9 months after beginning employment, as required. On at 10:30 am, the executive director confirmed the findings. 2. Personnel record review for staff G, a caregiver, revealed a hire date of The record did not contain documented evidence to indicate that staff G received 4 additional hours of -specific training within 9 months after beginning employment, as required. On at 10:50 am, the business office manager confirmed the finding.		

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Class III 0090 - Training - - 58A-5.0191(11) FAC DEFICIENCY REMAINED UNCORRECTED Based on personnel record reviews and interviews, the facility failed to ensure that 2 of 5 direct care staff (C and D) received the required in-service training on the facility's policies and procedures regarding () within 30 days of hire. Findings: Personnel record review for staff C, a caregiver, revealed a hire date of 2016. Personnel record review for staff D, a caregiver, revealed a hire date of . The personnel records did not contain documented evidence to indicate that staff C and staff D received in-service training on the facility's policies and procedures regarding , as required. On at 10:30 am, the executive director said staff D did not receive the training. On at 11:04 am, the administrator said staff C did not receive the training. Class III E210 - ECC - Training - 58A-5.0191(7) FAC DEFICIENCY REAMINED UNCORRECTED Based on personnel record reviews and interview, the facility failed to ensure 1 of 4 direct care staff (D) completed at least 2 hours of in-service training in Extended Congregate Care (ECC) within 6 months of beginning employment. Findings: Personnel record review for staff D revealed a hire date of . The record did not contain any documented evidence to indicate that staff D received at least 2 hours of		

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in-service training in ECC within 6 months of beginning employment, as required. On at 10:30 am, the executive director said staff D did not receive the training. Class III		