

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966697	(X3) DATE SURVEY COMPLETED 01/03/2018
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 CHOW (Change of Ownership) with Extended Congregate Care (ECC) services survey was conducted on 1/2 - 3, 2018 at The Brennnity at Vero Beach, License #10830. The facility had deficiencies identified at the time of the survey.

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

Based on employee record review and a staff interview, the facility failed to ensure 1 of 4 staff reviewed provided documented evidence of a negative () examination on an annual basis (Staff E).

The findings included:

A focused personnel record review was conducted for Staff E on . At this time, there was no documented evidence of a negative examination conducted for the year 2017. The last documented negative examination was completed on .

On at 2:00 PM, the Administrator acknowledged there was no documentation found showing Staff E had a negative examination conducted anytime after until the time of survey on .

Class III

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

Based on record review and an interview, the facility failed to ensure that 3 out of 3 sampled staff (Staff A, B and C), who provide direct care for residents, had received the required in-service training within 30 days of employment .

The findings included:

a) Review of the personnel file for Staff A, who provides direct care for residents, revealed there was no documentation of the following required in-service training dated within 30 days of employment. Staff A was hired on .

1. Facility's Emergency Procedures (part of 1 hour required)

b) Review of the personnel file for Staff B, who provides direct care to residents, revealed there was no

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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documentation of the following required in-service training dated within 30 days of employment. Staff B was hired on 1. Facility's Emergency Procedures (part of 1 hour required) 2. Safe Food Handling (1 hour) c) Review of the personnel file for Staff C, who provides direct care to residents, revealed there was no documentation of the following required in-service training dated within 30 days of employment. Staff C was hired on 1. Safe Food Handling (1 hour) The Administrator and human resources representative were interviewed at 2:00 PM on and confirmed that the aforementioned documentation was not present and available for review. The facility provided no additional documentation of the required training for these staff members at this time Class 0090 - Training - - 58A-5.0191(11) FAC Based on record review and an interview, the facility failed to ensure that 1 out of 3 sampled staff (Staff A), who provides direct care for residents, had received at least one hour of training in the facility's policies and procedures regarding 's (.) within 30 days of hire. The findings included: Review of the personnel file for Staff A, who provides direct care for residents, revealed there was no documentation of at least one hour of training in the facility's policies and procedures regarding 's (.) within 30 days of hire. Staff A was hired on The Administrator and human resources representative were interviewed at 2:00 PM on and confirmed that the documentation was not present and available for review. The facility provided no additional documentation of the required training for review at this time. Class		