STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967587	R 01/25/2018
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 third revisit to an Extended Congregate Care (ECC) monitoring visit was conducted on . The Brennity at Melbourne, license #11595, had deficiencies at the time of the visit.

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 4 staff records reviewed contained a statement confirming freedom from communicable (#G).

Findings:

Personnel record review for Staff #G revealed a hire date of . The record did not contain a statement from a licensed healthcare provider that indicated freedom from communicable as required.

At 2:00 PM on , the business manager confirmed the finding and said she thought the statement also stated no communicable .

Class III

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

DEFICIENCY REAMINED UNCORRECTED

Based on personnel record review and interview, the facility failed to ensure that 2 of 5 sampled staff (G & H) had completed the required in-service training within 30 days of employment.

Findings:

Review of the personnel records for staff G (hired) did not reveal documentation they completed the required 1 hour of training in the following: Control, Activities of Daily Living (ADL) and Behavioral Needs, the facility's resident elopement response policies and procedures, the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation, and nutrition and safe food handling practices.

Review of the personnel records for staff H (hired) did not reveal documentation they

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967587	R 01/25/2018
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)

completed the required 1 hour of training in the following: Activities of Daily Living (ADL) and Behavioral Needs, the facility's resident elopement response policies and procedures, the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation, reporting major and adverse incidents, and nutrition and safe food handling practices.

Certificates were present in the files for staff G & H that were signed by the executive director on . The back of the certificates had initials of the administrator in the boxes for elopement, resident rights, " ", resident need and ADLs, incident reporting and emergency preparedness but no dates for when that training was provided by the administrator. There were also initials of the administrator in the boxes for First Aid, , Assisting with Self-Administration of Medications- classes for which she is not a trained instructor.

In an interview with the administrator on at 2:00PM, she stated she did provide an orientation and overview to the new staff but did not document on individual certificates. She said some of the boxes initialed represented that she confirmed someone else did the training and other boxes indicated that she provided the training. She confirmed that there were no dates in the boxes and no way to decipher which initialed box was an overview or confirmation vs. which initialed box was an actual training.

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 4 direct care staff sampled (#G & #H) 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 G and staff H, both caregivers, revealed a hire date of for both staff. The personnel record did not contain documented evidence to indicate that staff G or staff H received in-service training on the facility's policies and procedures regarding , as required.

On at 2:00 PM, the business manager confirmed the training was not done.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967587	R **01/25/2018**
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)