STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966476	**01/29/2018**
NAME OF PROVIDER OR SUPPLIER **CLARKE'S ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **48 EMERSON DRIVE NW** **MELBOURNE, FL 32907**	

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

0000 - Initial Comments

The re-licensure survey with Limited Mental Health was conducted on . Clarke's Assisted Living. License #10686, had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility did not ensure the Health Assessment (form 1823) for 1 of 2 sampled residents was accurate and fully completed by the health care provider (#2).

Findings:

Review of the Health Assessment/1823 for Resident #2, dated , did not document what type of medication assistance required. This section was left blank.

In an interview with the administrator on at 12:45 PM, she stated she was not aware the information was missing on this resident's health assessment form.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observations, Medication Observation Record (MOR) review, and interview, the facility failed to ensure the unlicensed staff (#C) who assisted 1 of 1 sampled residents (#1) with self-administration of medications followed the correct procedure.

Findings:

Observation at 9:00 AM on revealed resident #1 requested a pain medication that was ordered PRN.
Unlicensed staff #C, the administrator, went to the front office and unlocked a file cabinet containing the medications. She removed the MOR and zip lock bag containing resident #1's medications. She opened the MOR to resident #1's , 2018 page, read the label aloud to herself, and matched the label on the bottle to the handwritten MOR for the PRN med. She opened the bottle of , , PAM 50mg, take one capsule by mouth 3 times a day as needed for pain. She poured one capsule into the cap. Then resident #1 came into the , a cup of water. Staff C placed the capsule into the resident's hand and he swallowed the pill and left. Staff C marked the MOR that the med had been taken. She returned the MOR and medication bag to the cabinet and locked it.

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In an interview on with Staff C, the administrator, she confirmed that she did not read the label aloud in the presence of the resident.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on observation, record review and interview, the facility failed to ensure the staff member responsible for the facility's food service had obtained the required annual minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. (#C)

Findings:

Review of the training record provided by the administrator, staff C, who is the food service designee, did not reveal a 2 hour training certificate from the previous year.

In an interview with the administrator on at 1:30pm, she stated she could not locate the certificate, but would be taking the class for the new menu cycle very soon.

Class III

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

Based on record review and interview, the facility failed to ensure substitutions made to the menu were noted before or when a meal was served.

Findings:

Review of the menus and substitution list revealed that no substitutions were noted since , 2017.

In an interview with the administrator on at 1:00 PM, she stated they try to keep to the menu as much as possible and not use substitutions. She did say they did make changes at times, especially for the holidays, but confirmed they failed to document them on the substitution list.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on review of the facility's Comprehensive Emergency Management Plan (CEMP) and interview,

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SUMMARY STATEMENT OF DEFICIENCIES
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the facility failed to have documentation the CEMP was approved by the local emergency management agency according to 58A-5.026(2)(c) (1) FAC.

Findings:

Upon request to review the facility's CEMP, the administrator was unable to locate the plan or the most recent approval letter from the county. There was no current or previous, letter documenting approval or receipt from the Brevard Office of Emergency Management available for review.

On [redacted] at 1:50 PM, the administrator confirmed she did not have the acknowledgement from the County that the plan was received.

Class III