STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964811	**03/06/2018**
NAME OF PROVIDER OR SUPPLIER **LEXELLE ASSISTED LIVING FACILITY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **66 PATRIC DRIVE** **PALM COAST, FL 32164**	

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

0000 - Initial Comments

On - an abbreviated survey (License #9356) was conducted at Lexelle Assisted Living Facility. At the time of the survey deficient practice was found.

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

Based on observation and interview, the facility failed to ensure that 1 of 1 sampled residents (Resident #2) receiving assistance with self-administration of medication from an unlicensed staff, did not receive administration of medications requiring a nurse.

1) On at 11:40 a.m., caretaker-(Staff A) was observed holding Resident #2's hand while helping Resident #2 administer medication into Resident #2 mouth.

2)On an interview was conducted with the caregiver A and the facility Manager. Both stated that they thought that staff A was ok to assist Resident #2 by holding Resident #2 hand while medication putting medication into Resident #2's mouth.

Class III

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

Based on interview and record review, the assisted living facility failed to ensure that 1 of 3 sampled employees (Staff A,B and C) obtained documentation that Staff A is free from communicable .

Findings Include:

On a record review of Staff A's personnel file revealed she was employed on .

On a record review of Staff A's personnel files revealed no evidence of a free from communicable statement.

On at 04:30pm , an interview was conducted with the Manager, who confirmed that the freedom from communicable form was not in Staff A's file.

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SUMMARY STATEMENT OF DEFICIENCIES
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CLASS III

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

Based on interview and observation, the facility failed to maintain six (6) months records of food menus and substitution logs. in addition, the facility failed to ensure that a 3-day emergency supply of non-perishable food was available for the residents consumption.

Findings Include:

1. On during the noon meal observation the facility failed to provide proof of 6 months of food menus and meal substitution logs

2. On at 12:15 pm, an interview was conducted with the manager of the facility. The manager confirmed that the 6 months records of food menus and substitution logs were missing.

3. On at 12:45pm ,while reviewing the 3 day emergency food supply it was observed that the emergency food (which was stored in the garage) all expired in 2016 and 2017. In addition, the manager provided receipts showing emergency food was last purchased on . (See photographic evidence)

CLASS III