STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953579	**03/07/2018**
NAME OF PROVIDER OR SUPPLIER **SMILES & LOVING CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1065 GARDEN ROAD** **MERRITT ISLAND, FL 32952**	

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

0000 - Initial Comments

A re-licensure survey was conducted on . Smiles and Loving Care Assisted Living (License #8648) had deficiencies at the time of the visit.

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on review of the staff schedule and interview the facility failed to maintain a written work schedule that reflects a 24-hour staffing pattern for a given time period.

Findings:

Review of the month of 2018 staff written work schedule assigned, however the work schedule just had staff names written for days they are working. However, there were no written work times for each staff to work reflecting a 24-hour staff pattern.

On at 2 PM, an interview with the Assisted Living Facility Manager who confirmed the finding.

Class

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

Based on personnel record review and interview, the facility failed to ensure that 1 of 5 sampled staff (C) had the elopement in-service training specific to the assisted living facility and provided a copy of the facility's elopement policies and procedures.

Findings:

Staff C's personnel record review revealed date of hire , 2018 and there was no documentation staff C received the elopement training.

On at 3:30 PM, an interview with the Assisted Living Facility Manager confirmed the findings.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953579	**03/07/2018**
NAME OF PROVIDER OR SUPPLIER **SMILES & LOVING CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1065 GARDEN ROAD** **MERRITT ISLAND, FL 32952**	

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

Based on personnel record review and interview the facility failed to ensure that 1 of 5 sampled staff (C) had received training on the / (/).

Findings:

Staff C's personnel record review revealed date of hire , 2018 and there was no documentation the / training was completed.

On at 3:30 PM, an interview with the Assisted Living Facility Manager confirmed the findings.

Class

0090 - Training - - 58A-5.0191(11) FAC

Based on personnel record review and interview, the facility failed to ensure that 1 of 5 sampled staff (C) had documentation a 1-hour training on ( ) specific to the assisted living facility was completed as required.

Findings:

Staff C's personnel record review revealed date of hire , 2018, there was no documentation the 1 hour required training was completed.

On at 3:30 PM, an interview with the Assisted Living Facility Manager confirmed the findings.

Class III

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

Based on review of facility's documentation and interview, the facility failed to obtain an annual approval for the Comprehensive Emergency Management Plan (CEMP) by the local emergency management agency to ensure that all criteria and conditions for the facility emergency plan have been met for year of 2017 and 2018.

Findings:

The facility provided a copy of the last CEMP annual approval letter dated , 2016. There was no

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953579	**03/07/2018**
NAME OF PROVIDER OR SUPPLIER **SMILES & LOVING CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1065 GARDEN ROAD** **MERRITT ISLAND, FL 32952**	

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

documentation for CEMP approval for year 2017 and current year 2018.

On at 4 PM, an interview with the Assisted Living Facility Manager who confirmed the finding,

Class III