| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967847** | **03/08/2018** |
| NAME OF PROVIDER OR SUPPLIER **WILSON PLACE** | STREET ADDRESS, CITY, STATE, ZIP CODE **117 WILSON AVE COCOA BEACH, FL 32931** | |

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

**0000 - Initial Comments**

The re-licensure survey was conducted on . The Wilson Place Assisted Living (License #11786) had deficiencies at the time of the visit.

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

Based on resident record review and interview the facility failed to ensure an AHCA form 1823 Health Assessment was completed in its entirety for 1 of 2 sampled residents (#4) as required needing assistance with Activity of Daily Living (ADLs).

Findings:

Resident #4's record review revealed an 1823 Health Assessment dated that did not document what type of assistance was needed for medication administration. In addition, the 1823 Health Assessment was also missing what type of assistance needed for and transferring.

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

Class III

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

Based on personnel record review and interview the facility failed to ensure that 1 of 4 sampled staff (C) had no written documentation of freedom from communicable statement by a healthcare provider as required.

Findings:

Staff C's personnel record review revealed no documentation of a written statement by a healthcare provider for freedom from communicable .

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

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967847** | **03/08/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**WILSON PLACE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**117 WILSON AVE**<br>**COCOA BEACH, FL 32931** | |

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

**0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC**

Based on personnel record review and interview, the facility failed to ensure the hours was listed on the certificate for training on Activities of Daily Living (ADLs) and behavior needs for 2 of 4 sampled staff (B and C) as required.

Findings:

Staff B's personnel record review revealed date of hire on and there was no documented evidence of the number of hours listed on the certificate. There is a 3-hour requirement.

Staff C's personnel record review revealed date of hire and there was no documented evidence of the number of hours listed on the certificate. There is a 3-hour requirement.

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

Class

**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 2018.

Findings:

The facility provided a copy of the last CEMP annual approval letter for last completed in , 2017. There was no documentation for CEMP approval for the current year 2018.

On at 3 PM, an interview with the Administrator and the Assisted Living Facility Manager who both confirmed the finding.

Class III