

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 04/09/2018  
FORM APPROVED

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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11967275</b>                 | (X3) DATE SURVEY COMPLETED<br><br><b>03/19/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>NOMEL'S ALF INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3818 JUPITER BLVD SE<br/>PALM BAY, FL 32909</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                             |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>The re-licensure survey was conducted on . . . . . Nomel's ALF Inc. Assisted Living (License #11305) had deficiencies at the time of the visit.</p> <p><b>0078 - Staffing Standards - Staff - 58A-5.019(2) FAC</b></p> <p>Based on personnel record review and interview, the facility failed to ensure that 2 of 4 sampled staff (A and C) had the required annual . . . . . exam ( ) documentation by a licensed healthcare provider or Florida Department of Health.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>Staff A's personnel record review revealed hire date of . . . . . There was no documentation of an annual exam was completed.</li> <li>Staff C's personnel record review revealed hire date of . . . . . There was documentation of an old exam on file dated . . . . . There was no documentation of a exam for 2017.</li> </ol> <p>On . . . . . at 3 PM, an interview with the Manager who confirmed the findings.</p> <p>Class III</p> <p><b>0080 - Training - Core &amp; Competency Test - 429.52(1-2) FS; 58A-5.019(1) FAC</b></p> <p>Based on personnel record review and interview, the facility failed to ensure the Administrator completed and documented 12 hours continued education in topics related to assisted living facilities every 2 years as required.</p> <p>Findings:</p> <p>The Administrator's personnel record review revealed the last 12 hours of continuing education was completed on . . . . . There was no documentation of continuing education hours since 2016.</p> <p>On . . . . . at 2:30 PM, an interview with the Manager who confirmed the finding.</p> <p>Class</p> |                                                                                             |                                                     |

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| <p><b>0083 - Training - First Aid and ..... - 58A-5.0191(4) FAC</b></p> <p>Based on personnel record review and interview, the facility failed to maintain current documentation of the ..... ( ) training card for 1 of 4 sampled staff (C).</p> <p>Findings:</p> <p>Staff C's personnel record review revealed hire date of ..... had an expired ..... training card on 2017.</p> <p>On ..... at 3 PM, an interview with the Manager who confirmed the finding.</p> <p>Class III</p> <p><b>0084 - Training - Assis Self-Admin Meds &amp; Med Mgmt - 58A-5.0191(5) FAC</b></p> <p>Based on personnel record review and interview, the facility failed to ensure that 1 of 4 sampled staff (A) provide a completed and documented annual 2-hour continuing education training on providing assistance with self-administration of medications and safe medication practices in an assisted living as required.</p> <p>Findings:</p> <p>Staff A's personnel record review revealed hire date ..... There was no documentation or training certificate that the 2 hours annual self-administration of medication training was completed.</p> <p>On ..... at 2:30 PM, an interview with the Manager who confirmed the findings.</p> <p>Class III</p> <p><b>0181 - Emergency Plan Approval - 58A-5.026(2) FAC</b></p> <p>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.</p> <p>Findings:</p> |                                                                                             |                                                     |

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| <p>The facility provided a copy of the last CEMP annual approval letter was in _____, 2016. There was no documentation for CEMP approval for 2017 and 2018.</p> <p>On _____ at 1 PM, an interview with the Manager who confirmed the finding.</p> <p>Class III</p> |                                                                                             |                                                     |