

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967294	(X3) DATE SURVEY COMPLETED 05/02/2018
NAME OF PROVIDER OR SUPPLIER MELBA COVE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 267 MELBA AVENUE NW PALM BAY, FL 32907	

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

0000 - Initial Comments

A Complaint investigation #2018004710 was conducted on Melba Cove LLC, license #11340, had deficiencies at the time of the investigation.

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interview, the facility failed to post a calendar of current activities in the common area that included diversified individual and group activities in keeping with each resident's needs, abilities, and interests for 2 hours each day for 6 days each week (total of 12 hours).

Findings:

Tour of the facility at 8:00 AM revealed a small, yellowed paper activity calendar on the bulletin board in the kitchen. It was partially covered by other documents and papers. The calendar included 2 pictures of activities for each day of a 6 day week (Monday-Saturday) schedule. The schedule was not dated. Each day had "coffee and news" listed for 9:30 AM. Other activities throughout the week included enjoying music, refreshments and music, spelling bee, Monday movies, ice cream fun, bingo and games, and walk/exercise.

On at 12:30 PM, the administrator confirmed that was the only activity calendar she had. She confirmed the 2 current residents did not do the activities listed on the calendar.

Class III

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

Based on facility record review and interview, the facility failed to maintain a log of substitutions made to the menu for 6 months.

Findings:

Review of the dining records for the facility did not reveal a log of any substitutions to the menu in the previous 6 months.

Review of the menu for lunch on revealed it was week 3 of their rotation, and the menu-listed soup, grilled cheese sandwich, ½-cup tomatoes and 1 fresh fruit. No substitutions were noted on the

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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menu. - On at 1:00 PM, the administrator stated she did not feed the residents "just a sandwich" on any day. She also confirmed she did not maintain a substitution log for the previous 6 months. Class III		