STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969024	R 06/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUIDING LIGHT SENIOR LIVING 2 INC	**1073 HUNT ST NW** **PALM BAY, FL 32907**

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

0000 - Initial Comments

A revisit to a re-licensure survey with Limited Mental Health was conducted on . . . . . Guiding Light Senior Living, #2, license #12848, had deficiencies at the time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview the facility failed to ensure 1 of 2 staff reviewed (E) obtained a statement from a licensed healthcare provider documenting freedom from communicable . . . . . and ( ).

Findings:

Personnel record review for staff E, caregiver hired , revealed no current evidence to confirm she obtained a healthcare provider statement documenting freedom from communicable . . . . . and ( ). There was no current statement of freedom from communicable .

On at 12:50 PM, the manager confirmed the finding and said she did not have a current statement for staff E was hired on . . .

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on observation and interview, the facility failed to ensure a 3-day supply of nonperishable food that included water was on hand at all times.

Findings:

When asked to show the emergency food and water supply for the facility, no water was observed for use by the residents in the event of an emergency. There was one almost empty 5-gallon water cooler jug on the water cooler. Staff E stated on . . . . at 1:00 PM that there were no other water bottles in the facility.

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GUIDING LIGHT SENIOR LIVING 2 INC	**1073 HUNT ST NW PALM BAY, FL 32907**

SUMMARY STATEMENT OF DEFICIENCIES
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On at 1:10 PM, the manager confirmed they had not purchased the water needed for emergency use.

Class III

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

DEFICIENCY REMAINED UNCORRECTED

Based on resident record review and interview, the facility failed to ensure 3 of 3 sampled residents' contracts contained a refund policy that conformed to Section 429.24(3), F.S. (#1, 2 & 4)

Findings:

Review of the resident contracts for residents #1, 2 & 4 revealed an addendum for each of the residents. The addendum was not dated, but was signed by each resident, or his or her legal Power of Attorney (POA). The document did not contain a provision that if the facility intended to make a claim against a refund due the resident, the facility must notify the resident or responsible party of such claim in writing and provide them a minimum of 14 days to respond to such claim.

On at 11:45 AM, the manager said she thought the wording was what AHCA requested. The manager then re-read the Statement of Deficiencies from the survey and confirmed she misunderstood.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on interview, the facility failed to obtain approval of their Comprehensive Emergency Plan (CEMP) yearly.

Findings:

In an interview with the manager on at 12:10 PM, she said the administrator submitted the plan to the county on and did not have a letter of approval.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969024	R **06/11/2018**
NAME OF PROVIDER OR SUPPLIER **GUIDING LIGHT SENIOR LIVING 2 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1073 HUNT ST NW** **PALM BAY, FL 32907**	

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

Class III

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC