STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967254	R 06/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARK CENTER OF BREVARD	**1574 MANZANITA STREET** **PALM BAY, FL 32907**

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

0000 - Initial Comments

A revisit to the re-licensure survey with Limited Nursing Service (LNS) was conducted on . . . ., 2018. Ark Center of Brevard, license #11359, had deficiencies at the time of the revisit.

0004 - Licensure - Requirements - 58A-5.016 FAC

DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview, the facility failed to have a satisfactory health inspection.

Findings:

Review of the facility's most recent health department group home inspection that was completed on . . . revealed the results were unsatisfactory.

On . . . at 1:20 pm, the administrator confirmed the finding and said a re-inspection had not been conducted.

Class III

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

Based on record reviews and interview, the facility failed to ensure a health assessment form 1823 was complete and accurate for 2 of 3 sampled residents (#1 and #5).

Findings:

1. Resident #5's record revealed a facility admission date of . A most recent health assessment form 1823, dated on . . . ., indicated she did not require assistance with her medications.

On . . . . . at 2 p.m., the administrator said resident #5 required assistance with her medications and the information on the 1823 was inaccurate.

2. Resident #1's record revealed a facility admission date of . A most recent health assessment form 1823, dated on . . . . ., did not contain the address and phone number of the examiner and indicated the resident required only assistance with self-administered medications.

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SUMMARY STATEMENT OF DEFICIENCIES
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On at 2:17 p.m., the administrator confirmed the omissions on the 1823 and said resident #1 did not require assistance with her medications but rather required medication administration.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

REMAINED UNCORRECTED

Based on record reviews and interview, the facility failed to follow a health care provider's order for 1 of 3 sampled residents (#5) who received assistance with self-administered medications.

Findings:

Resident #5's record revealed a facility admission date of . A most recent health assessment form 1823, dated on , indicated she did not require assistance with her medications.

A medication list dated on indicated resident #5 was to take one chewable tablet by mouth daily after lunch as needed however, her 2018 Medication Observation Record (MOR) listed an entry for chewable take one tablet by mouth after lunch, was scheduled daily at 1 pm, and was signed as given daily at 1 pm from through .

On at 2 p.m. the administrator said resident #5 required assistance with her medications and the information on the 1823 was inaccurate. In addition, she said a health care provider did not give an order to give the every day as was indicated on the 2018 MOR.

Class III