STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968716	06/26/2018
NAME OF PROVIDER OR SUPPLIER **INSPIRED LIVING AT PALM BAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **350 MALABAR RD SW** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

A monitoring visit for Limited Nursing Services (LNS) was conducted on . Inspired Assisted Living at Palm Bay license # 12617, had deficiencies at the time of the visit.

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

Based on record review and interview the facility failed to ensure 2 of 4 staff (A and D) obtained a healthcare provider statement to indicate freedom from communicable ( ) and that freedom from was documented yearly.

Findings:

Personnel record review for staff A, hired and was a caregiver revealed no evidence to confirm he obtained a healthcare provider to indicate freedom from communicable ( ). A test result dated indicated negative for . There was no evidence to confirm freedom from for 2018.

Personnel record review for staff D hired by contract on and was a Registered Nurse revealed no evidence to confirm she obtained a healthcare provider statement to indicate freedom from communicable ( ).

In an interview with the administrator on at 1:30 PM, who said she did not have the documentation available for staff D, as she thought that contract staff did not need the documentation. She thought that a chest x ray was good for 2 years; therefore, staff A would not need freedom from for 2018.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on observations and interviews the facility did not provide or arrange for 1 of 4 sampled staff (D) to receive the mandated in-services training.

Findings:

Personnel record review for staff D, hired on and was a Registered Nurse, revealed no

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

evidence to confirm she attended/received

1. A- 1-hour in-service regarding: Reporting major incidents, Reporting adverse incidents and Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

2. A- 1 hour in-service regarding: Resident rights in an assisted living facility, and Recognizing and reporting resident , neglect, and , . There was no evidence to confirm she attended ALF Core and therefore exempt from this requirement.

An in-service training regarding the facility's resident elopement response policies

In an interview with the administrator on at 1:30 PM, who said she did not have the documentation available for staff D, as she thought that contract staff did not need the training.

Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on personnel record review and interview, the facility maintained a secured area and provided special care for persons with 's and related (ADRD) did not have evidence that 1 of 4 staff (D), who had regular contact with persons with 's and Related (ADRD) obtained " and Related Level I and II Training"; and did not make sure 1 of 4 direct care staff (A) participate in 4 hours of continuing education annually.

Findings:

Personnel record review for staff D, a Registered Nurse, hired , revealed no evidence to confirm that staff attended/received " and Related Level I and II Training".

Personnel record review for staff A, hired and was a caregiver revealed no evidence to confirm she attended/received " and Related Level II Training" or that she participated in 4 hours of continuing education annually.

In an interview with the administrator on at 1:30 PM, who said she did not have the documentation available for staff D, as she thought that contract staff did not need the training, there was no additional documentation for staff A.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **INSPIRED LIVING AT PALM BAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **350 MALABAR RD SW** **PALM BAY, FL 32907**	

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

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on observations and interviews the facility did not provide or arrange for 1 of 4 sampled staff (D) to receive a one hour of training in the facility's policies and procedures regarding ( ).

Findings:

Personnel record review for staff D, hired on and was a Registered Nurse, revealed no evidence to confirm she attended/received a one hour of training in the facility's policies and procedures regarding .

In an interview with the administrator on at 1:30 PM, who said she did not have the documentation available for staff D, as she thought that contract staff did not need the training.

Class III