

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966721	(X3) DATE SURVEY COMPLETED 06/21/2018
NAME OF PROVIDER OR SUPPLIER STILLWATER ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 2881 QUENTIN AVENUE SE PALM BAY, FL 32909	

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

0000 - Initial Comments

The re-licensure survey was conducted on Stillwater Assisted Living Facility Corp, License #10861 had deficiencies at the time of the visit.

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

Based on observations and interviews the facility failed to provide an ongoing activities program 12 hours a week, 6 days a week that provided diversified individual and group activities in keeping with each resident's needs, abilities, and interests and did not post the current activities calendar.

Findings:

Observations on at 9:30 AM, revealed there was no activities calendar posted anywhere in the facility.

Interviews with residents #1, #2, #3, #4 and #5 all stated they use to have a woman that would come to the facility to do crafts with them on Thursday. They all stated the woman did not come anymore and there were no activities offered. Resident #4 and #5 stated they would love to have activities.

The assistant administrator said on at 1:45 PM, the activities were written daily on the erasable board and there was no activity calendar. She said the resident's did not want to participate in activities.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observations and interview, the facility did not ensure the medication storage cabinet was locked at all times.

Findings:

Observations on at 3 PM revealed staff B, was removing a bag from a cabinet that was located in the front living from the area that was used as an office.

Staff B said at the time it was a bag from the pharmacy with medications inside. Further observations of the inside of the cabinet revealed there was multiple bags of medications inside of the cabinet. Staff B

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966721	(X3) DATE SURVEY COMPLETED 06/21/2018
NAME OF PROVIDER OR SUPPLIER STILLWATER ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 2881 QUENTIN AVENUE SE PALM BAY, FL 32909	

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

said the medications were the extra medications that was sent by the pharmacy that belonged to all of the residents.

On at 3:10 PM, the administrator's assistant said the medications inside of the cabinet were extra medications for the residents. She showed the agency staff a latch that she considered a lock.

Observations of the latch used revealed it was not a lock. The cabinet with the medications inside could be easily opened by anyone by sliding the latch to one side.

Class III

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

Based on personnel record review and interview the facility failed to have evidence that 1 of 3 sampled staff (B) had a statement from a health care provider documenting freedom from Communicable and 1 of 3 staff (C) did not have evidence of freedom from annually ().

Findings:

1. Personnel record review for staff B hired revealed there was no documentation to confirm she was free from Communicable

2. Personnel record review for staff C hired revealed there was no documentation to confirm she was free from

On at 2 PM, the assistant administrator confirmed the findings.

Class III

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

Based on personnel record reviews and interview, the facility failed to have evidence that 2 of 3 sampled staff (A and C) received the required in-service training within 30 days of hire.

Findings:

1. Personnel record review for staff A, the administrator, hired and he provided personal care to the residents, revealed there was no documentation to confirm he had received a 3 hours of in-service

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966721	(X3) DATE SURVEY COMPLETED 06/21/2018
NAME OF PROVIDER OR SUPPLIER STILLWATER ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 2881 QUENTIN AVENUE SE PALM BAY, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
training within 30 days of employment that covered Resident behavior and needs and providing assistance with the activities of daily living. The training certificate dated ... was for 2 hours ADL training. 2. Personnel record review for Staff C a caregiver hired ... revealed there was no documentation to confirms she had received a 3 hours of in-service training within 30 days of employment that covered resident behavior and needs and providing assistance with the activities of daily living. The training certificate dated ... was for 2 hours ADL training only. There was no documentation to confirm she had received an in-service training regarding resident rights. On ... at 2 PM, the assistant administrator confirmed the findings. Class III 0083 - Training - First Aid and ... - 58A-5.0191(4) FAC Based on staff schedule review, personnel record reviews and interviews, the facility failed to ensure a staff member who held a current valid ... () and First Aid card was in the facility at all times. Findings: Review of the staff schedule revealed staff B would work alone. Personnel record review for staff B revealed there was no documentation to confirm she had received training in ... () and First Aid. On ... at 3 PM, the administrator said the staff had obtained the training. The administrator was given the opportunity to send the evidence via email to the agency. On ..., the administrator provided a card for staff B that resembled the ... and first aid cards of staff A and C with the same date of the training of ... Staff B was not hired by the facility until ... A telephone call was made to the trainer of the ... and First Aid course that was listed on the card on		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966721	(X3) DATE SURVEY COMPLETED 06/21/2018
NAME OF PROVIDER OR SUPPLIER STILLWATER ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 2881 QUENTIN AVENUE SE PALM BAY, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
at 12:30 PM, the trainer checked her sign in sheet and stated the names of staff A, B and C were not listed as attending her training on that date and at the adult day care center where the training was held. She said she would have everyone that attended to sign in. On at 1:30 PM, a telephone call was made to staff A, the administrator to inform him of the findings. The administrator said that he and staff B and C did take the training. He was informed that he would need to provide evidence that he and staff B and C did attend the training. He was informed that staff B was not hired until , and the training was . He was asked how did she attend with him. The administrator said staff B use to work at the adult day care center where the training was held, prior to working at his facility. On , an email was received from the administrator that included new First Aid and cards for staff A, B and C. The course was taken on by staff A, B and C. The administrator did not provide any evidence to confirm the and First Aid cards that he provided for Staff B was not fraudulent. There was no evidence to confirm she had obtained the valid and First course before . Class III 0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC Based on personnel record review and interview the facility failed to ensure staff had certificates that included the required information for 2 of 3 sampled staff (C). Findings: Personnel record review for staff C a caregiver hired revealed the certificate for and neglect that was dated did not include the hours of the training. On at 1 PM, the assistant administrator confirmed the findings. Class 0160 - Records - Facility - 58A-5.024(1) FAC Based on fire inspection report and interview, the facility failed to have a satisfactory fire inspection.		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966721	(X3) DATE SURVEY COMPLETED 06/21/2018
NAME OF PROVIDER OR SUPPLIER STILLWATER ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 2881 QUENTIN AVENUE SE PALM BAY, FL 32909	

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

Findings:

Review of the fire inspection report dated ... revealed the fire Marshall noted 2 violations that required corrections.

On ... at 11:30 AM, the administrator confirmed the findings. He said the violations had been corrected and all that was required from the facility was to pay the fee.

Class III

D162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility did not maintain demographic data for 1 of 2 sampled residents (#4), did not have a copy of the resident contracts and did not inform 2 of 2 sampled residents (#4 and #6) whether or not the unlicensed staff who provided assistance with the self-administration of medication would be overseen by a nurse.

Findings:

Record review for resident's #4 and #6 revealed there was no documentation to confirm that the facility had informed the residents or their family members if a nurse would oversee the unlicensed staff who provided assistance with the self-administration of medication.

Further record review for resident's #4 and 6 revealed there was not a copy of their contracts located in their records.

Resident #4 did not have demographic data that included ..., race, date of birth, place of birth, if known, social security number, Medicaid and/or Medicare number, or name of other health insurance ..., name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency and name, address, and telephone number of the health care provider and case manager, if applicable.

On ... at 2 PM, the assistant administrator confirmed the findings.

Class III

D163 - Records - Resident, Penalties for Alteration - 429.49 FS

Based on personnel record review and interview, the facility altered and included fraudulent First Aid and

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966721	(X3) DATE SURVEY COMPLETED 06/21/2018
NAME OF PROVIDER OR SUPPLIER STILLWATER ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 2881 QUENTIN AVENUE SE PALM BAY, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
..... () cards in the records of 3 of 3 sampled staff (A, B and C). Findings: Personnel records for staff A the administrator and C a caregiver revealed they both had and First Aid that noted the course was taken on and to expire on The handwriting of the trainer was different from the handwriting of each of their names. Personnel record review for staff B revealed there was no documentation to confirm she had received training in () and First Aid. On at 3 PM, the administrator said the staff had obtained the training. The administrator was given the opportunity to send the evidence via email to the agency. On, the administrator provided a card for staff B that resembled the and first aid cards of staff A and C with the same date of the training of Staff B was not hired by the facility until A telephone call was made to the trainer of the and First Aid course that was listed on the card on at 12:30 PM, the trainer checked her sign in sheet and stated the names of staff A, B and C were not listed as attending her training on that date and at the adult day care center where the training was held. She said she would have everyone that attended to sign in On at 1:30 PM, a telephone call was made to staff A, the administrator to inform him of the findings. The administrator said that he and staff B and C did take the training on at the adult day care center. He was informed that he would need to provide evidence that the cards were not fraudulent from the trainer for himself, staff B and C. He was informed that staff B was not hired until, and the training was He was asked how could she have attended with him. The administrator said staff B use to work at the adult day care center where the training was held, prior to working at his facility. On, an email was received from the administrator that included new First Aid and cards for staff A, B and C. The course was taken on by staff A, B and C. The administrator did not provide any evidence to confirm that the and First aid cards that he provided for himself, Staff B and were not fraudulent.		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966721	(X3) DATE SURVEY COMPLETED 06/21/2018
NAME OF PROVIDER OR SUPPLIER STILLWATER ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 2881 QUENTIN AVENUE SE PALM BAY, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
In an attempt to deceive the agency, the facility included fraudulent and First aid Cards in the personnel record. Class III 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on interview, the facility did not have evidence that the comprehensive emergency management plan (CEMP) was submitted for review and approval to the local emergency management agency. Findings: On at 10:30 AM, the administrator/owner was asked to provide the facility's comprehensive emergency plan (CEMP) approval letter. On at 10:45 AM, the administrator/owner said she had not received the CEMP approval letter. Class III		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966721	(X3) DATE SURVEY COMPLETED 06/21/2018
NAME OF PROVIDER OR SUPPLIER STILLWATER ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 2881 QUENTIN AVENUE SE PALM BAY, FL 32909	

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

0000 - Initial Comments

The re-licensure survey was conducted on Stillwater Assisted Living Facility Corp, License #10861 had deficiencies at the time of the visit.

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

Based on observations and interviews the facility failed to provide an ongoing activities program 12 hours a week, 6 days a week that provided diversified individual and group activities in keeping with each resident's needs, abilities, and interests and did not post the current activities calendar.

Findings:

Observations on at 9:30 AM, revealed there was no activities calendar posted anywhere in the facility.

Interviews with residents #1, #2, #3, #4 and #5 all stated they use to have a woman that would come to the facility to do crafts with them on Thursday. They all stated the woman did not come anymore and there were no activities offered. Resident #4 and #5 stated they would love to have activities.

The assistant administrator said on at 1:45 PM, the activities were written daily on the erasable board and there was no activity calendar. She said the resident's did not want to participate in activities.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observations and interview, the facility did not ensure the medication storage cabinet was locked at all times.

Findings:

Observations on at 3 PM revealed staff B, was removing a bag from a cabinet that was located in the front living room across from the area that was used as an office.

Staff B said at the time it was a bag from the pharmacy with medications inside. Further observations of the inside of the cabinet revealed there was multiple bags of medications inside of the cabinet. Staff B

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966721	(X3) DATE SURVEY COMPLETED 06/21/2018
NAME OF PROVIDER OR SUPPLIER STILLWATER ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 2881 QUENTIN AVENUE SE PALM BAY, FL 32909	

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

said the medications were the extra medications that was sent by the pharmacy that belonged to all of the residents.

On at 3:10 PM, the administrator's assistant said the medications inside of the cabinet were extra medications for the residents. She showed the agency staff a latch that she considered a lock.

Observations of the latch used revealed it was not a lock. The cabinet with the medications inside could be easily opened by anyone by sliding the latch to one side.

Class III

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

Based on personnel record review and interview the facility failed to have evidence that 1 of 3 sampled staff (B) had a statement from a health care provider documenting freedom from Communicable and 1 of 3 staff (C) did not have evidence of freedom from annually ().

Findings:

1. Personnel record review for staff B hired /18 revealed there was no documentation to confirm she was free from Communicable

2. Personnel record review for staff C hired revealed there was no documentation to confirm she was free from

On at 2 PM, the assistant administrator confirmed the findings.

Class III

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

Based on personnel record reviews and interview, the facility failed to have evidence that 2 of 3 sampled staff (A and C) received the required in-service training within 30 days of hire.

Findings:

1. Personnel record review for staff A, the administrator, hired and he provided personal care to the residents, revealed there was no documentation to confirm he had received a 3 hours of in-service

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966721	(X3) DATE SURVEY COMPLETED 06/21/2018
NAME OF PROVIDER OR SUPPLIER STILLWATER ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 2881 QUENTIN AVENUE SE PALM BAY, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
training within 30 days of employment that covered Resident behavior and needs and providing assistance with the activities of daily living. The training certificate dated ... /106 was for 2 hours ADL training. 2. Personnel record review for Staff C a caregiver hired ... revealed there was no documentation to confirms she had received a 3 hours of in-service training within 30 days of employment that covered resident behavior and needs and providing assistance with the activities of daily living. The training certificate dated ... was for 2 hours ADL training only. There was no documentation to confirm she had received an in-service training regarding resident rights. On ... at 2 PM, the assistant administrator confirmed the findings. Class III 0083 - Training - First Aid and ... - 58A-5.0191(4) FAC Based on staff schedule review, personnel record reviews and interviews, the facility failed to ensure a staff member who held a current valid ... () and First Aid card was in the facility at all times. Findings: Review of the staff schedule revealed staff B would work alone. Personnel record review for staff B revealed there was no documentation to confirm she had received training in ... () and First Aid. On ... at 3 PM, the administrator said the staff had obtained the training. The administrator was given the opportunity to send the evidence via email to the agency. On ..., the administrator provided a card for staff B that resembled the ... and first aid cards of staff A and C with the same date of the training of ... Staff B was not hired by the facility until ... A telephone call was made to the trainer of the ... and First Aid course that was listed on the card on		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966721	(X3) DATE SURVEY COMPLETED 06/21/2018
NAME OF PROVIDER OR SUPPLIER STILLWATER ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 2881 QUENTIN AVENUE SE PALM BAY, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
at 12:30 PM, the trainer checked her sign in sheet and stated the names of staff A, B and C were not listed as attending her training on that date and at the adult day care center where the training was held. She said she would have everyone that attended to sign in. On at 1:30 PM, a telephone call was made to staff A, the administrator to inform him of the findings. The administrator said that he and staff B and C did take the training. He was informed that he would need to provide evidence that he and staff B and C did attend the training. He was informed that staff B was not hired until , and the training was . He was asked how did she attend with him. The administrator said staff B use to work at the adult day care center where the training was held, prior to working at his facility. On , an email was received from the administrator that included new First Aid and cards for staff A, B and C. The course was taken on by staff A, B and C. The administrator did not provide any evidence to confirm the and First Aid cards that he provided for Staff B was not fraudulent. There was no evidence to confirm she had obtained the valid and First course before . Class III 0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC Based on personnel record review and interview the facility failed to ensure staff had certificates that included the required information for 2 of 3 sampled staff (C). Findings: Personnel record review for staff C a caregiver hired revealed the certificate for and neglect that was dated did not include the hours of the training. On at 1 PM, the assistant administrator confirmed the findings. Class 0160 - Records - Facility - 58A-5.024(1) FAC Based on fire inspection report and interview, the facility failed to have a satisfactory fire inspection.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966721	(X3) DATE SURVEY COMPLETED 06/21/2018
NAME OF PROVIDER OR SUPPLIER STILLWATER ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 2881 QUENTIN AVENUE SE PALM BAY, FL 32909	

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

Findings:

Review of the fire inspection report dated 6/21/2018 revealed the fire Marshall noted 2 violations that required corrections.

On 6/21/2018 at 11:30 AM, the administrator confirmed the findings. He said the violations had been corrected and all that was required from the facility was to pay the fee.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility did not maintain demographic data for 1 of 2 sampled residents (#4), did not have a copy of the resident contracts and did not inform 2 of 2 sampled residents (#4 and #6) whether or not the unlicensed staff who provided assistance with the self-administration of medication would be overseen by a nurse.

Findings:

Record review for resident's #4 and #6 revealed there was no documentation to confirm that the facility had informed the residents or their family members if a nurse would oversee the unlicensed staff who provided assistance with the self-administration of medication.

Further record review for resident's #4 and 6 revealed there was not a copy of their contracts located in their records.

Resident #4 did not have demographic data that included , race, date of birth, place of birth, if known, social security number, Medicaid and/or Medicare number, or name of other health insurance , name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency and name, address, and telephone number of the health care provider and case manager, if applicable.

On 6/21/2018 at 2 PM, the assistant administrator confirmed the findings.

Class III

0163 - Records - Resident, Penalties for Alteration - 429.49 FS

Based on personnel record review and interview, the facility altered and included fraudulent First Aid and

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966721	(X3) DATE SURVEY COMPLETED 06/21/2018
NAME OF PROVIDER OR SUPPLIER STILLWATER ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 2881 QUENTIN AVENUE SE PALM BAY, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
..... () cards in the records of 3 of 3 sampled staff (A, B and C). Findings: Personnel records for staff A the administrator and C a caregiver revealed they both had and First Aid that noted the course was taken on and to expire on The handwriting of the trainer was different from the handwriting of each of their names. Personnel record review for staff B revealed there was no documentation to confirm she had received training in () and First Aid. On at 3 PM, the administrator said the staff had obtained the training. The administrator was given the opportunity to send the evidence via email to the agency. On , the administrator provided a card for staff B that resembled the and first aid cards of staff A and C with the same date of the training of Staff B was not hired by the facility until A telephone call was made to the trainer of the and First Aid course that was listed on the card on at 12:30 PM, the trainer checked her sign in sheet and stated the names of staff A, B and C were not listed as attending her training on that date and at the adult day care center where the training was held. She said she would have everyone that attended to sign in On at 1:30 PM, a telephone call was made to staff A, the administrator to inform him of the findings. The administrator said that he and staff B and C did take the training on at the adult day care center. He was informed that he would need to provide evidence that the cards were not fraudulent from the trainer for himself, staff B and C. He was informed that staff B was not hired until , and the training was He was asked how could she have attended with him. The administrator said staff B use to work at the adult day care center where the training was held, prior to working at his facility. On , an email was received from the administrator that included new First Aid and cards for staff A, B and C. The course was taken on by staff A, B and C. The administrator did not provide any evidence to confirm that the and First aid cards that he provided for himself, Staff B and were not fraudulent.		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966721	(X3) DATE SURVEY COMPLETED 06/21/2018
NAME OF PROVIDER OR SUPPLIER STILLWATER ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 2881 QUENTIN AVENUE SE PALM BAY, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
In an attempt to deceive the agency, the facility included fraudulent and First aid Cards in the personnel record. Class III 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on interview, the facility did not have evidence that the comprehensive emergency management plan (CEMP) was submitted for review and approval to the local emergency management agency. Findings: On at 10:30 AM, the administrator/owner was asked to provide the facility's comprehensive emergency plan (CEMP) approval letter. On at 10:45 AM, the administrator/owner said she had not received the CEMP approval letter. Class III		