STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963814	**06/20/2018**
NAME OF PROVIDER OR SUPPLIER **BV ASSISTED LIVING INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **2127 W. NEW HAVEN AVENUE** **WEST MELBOURNE, FL 32904**	

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

0000 - Initial Comments

The re-licensure survey was conducted on , BV Assisted Living Facility, license #8693 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 1 of 4 staff (A and D) obtained adequate documentation from their healthcare providers that indicated freedom ( ) yearly and did not ensure that 1 of 4 sampled staff (B) was free from Communicable

Findings:

1. Personnel record review for staff D, hired and was a caregiver revealed a test result dated that indicated negative for . There was no evidence to confirm freedom from yearly thereafter.

In an interview with the Business Office Manager on at 3 PM who said, she did not have the documentation available for staff D.

2. Personnel record review for the Administrator, staff A revealed a statement on the facility's letterhead that was presented as evidence of her freedom from communicable including . Further review of the statement revealed the signature of the person completing the form was not legible. There was no title, medical license number, address or telephone number listed. There was no way to determine who had completed the statement.

3. Personal record review for staff B a caregiver revealed a health care providers statement that was dated . The health care provider noted that she was not free from communicable .

On at 3 PM, the administrator confirmed the findings.

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 4 of 4 sampled staff (A,

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B, C, and D) to receive the mandated in-services training.

Findings:

1. Staff C record revealed a hire date of . . . and was a caregiver. Continued review revealed no evidence to confirm she received the following training:

In-service training regarding the facility's resident elopement response policies and procedures. There was a document dated . . . that indicated she received the policies and procedure relate to resident elopement.

1- In-service training regarding the Reporting major incidents, Reporting adverse incidents and Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. There was document dated that indicated she received the policies and procedures r/t major incident reporting.

1- Hour in-service training regarding Resident rights in an assisted living facility, Recognizing, and reporting resident , neglect, and , . There was a quiz dated . There was no evidence to confirm she attended ALF Cote training and was therefore exempt from this requirement.

There was no evidence to confirm she received a 1-hour-in-service training in safe food handling practices. There was no evidence to confirm she attended ALF Cote training and was therefore exempt from this requirement.

2. Staff D had a hire date of and was a caregiver. Continued review revealed no evidence to confirm she received:

An in-service training regarding the facility's resident elopement response policies and procedures. There was document dated that indicated she received the policies and procedure r/t resident elopement.

1- In-service training regarding the Reporting major incidents, Reporting adverse incidents and Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. There was document dated . . . that indicated she received the policies and procedure r/t major incident reporting.

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1- Hour in-service training regarding Resident rights in an assisted living facility, Recognizing, and reporting resident , neglect, and , . There was a quiz dated . There was no evidence to confirm she attended ALF Cote training and was therefore exempt from this requirement.

There was no evidence to confirm she received a 1-hour-in-service training in safe food handling practices. There was no evidence to confirm she attended ALF Cote training and was therefore exempt from this requirement.

3. Staff A the administrator hired personnel record review revealed there was no documentation to confirm she had obtained an in-service training's regarding the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation and resident elopement response policies and procedures.

4. Staff B, a caregiver hired personnel record review revealed there was no documentation to confirm she had obtained in-service training's regarding Reporting major incidents, reporting adverse incidents and the facility's emergency procedures including chain-of- command and staff roles relating to emergency evacuation.

There was an online training date for elopement. There was no documentation to confirm that she had receive a facility specific training regarding resident elopement response policies and procedures.

In an interview with the Business Office Manager on at 3 PM who said, she did not have any additional documentation available for the staff.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observations, record review and interview the facility did not ensure 1 unlicensed staff (D) in a sample of 4 who assisted residents with self-administration successfully completed a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility and failed to ensure 1 of 4 (C) met the training requirements, prior to assuming this responsibility.

Findings:

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1. Personnel record review for staff C revealed a hire date of and was a caregiver who assisted with self-administration of medications. Continued review revealed a certificate dated ; however, the hours of training were not indicated. Therefore, unable to determine if she attended the initial 4-hour medication training. A certificate dated indicated she attended a 2-hour medication update training.

2. Personnel record review for staff D revealed a hire date of and was a caregiver. The review revealed she attended a 4-hour medication class on . There was no evidence to confirm she attended the required update training yearly thereafter.

In an interview with the Business Office Manager on at 3 PM who said, she did not have the documentation available for the staff. There was a medication class scheduled in a few weeks.

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) and did not have evidence that 2 of 4 sampled staff (C and D), who had regular contact with persons with ADRD participated in 4 hours of continuing education annually.

Findings:

1. Personnel record review for staff C revealed a hire date of and was a caregiver who regularly worked in the memory care unit. Continued review revealed se completed ADRD level 1 and level II on . There was no evidence to confirm she participated in 4 4 hours of continuing education annually, thereafter.

2. Personnel record review for staff D revealed a hire of and was a caregiver who regularly worked in the memory care unit. Continued review revealed se completed ADRD level 1 and level II on . There was no evidence to confirm she participated in 4 4 hours of continuing education annually, thereafter.

In an interview with the Business Office Manager on at 3 PM who said, she did not have the

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documentation available for the staff.

Class III

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

Based on observations and interviews the facility did not provide or arrange for 3 of 4 sampled staff (A, C, and D) to receive a one hour of training in the facility's policies and procedures regarding ( ).

Findings:

1. Personnel record review for staff C revealed a hire date of and was a caregiver. Continued review revealed no evidence to confirm she received one hour of training in the facility's policies and procedures regarding . There was document dated that indicated she received the policies and procedure r/t .

2. Personnel record review for staff D revealed a hire of and was a caregiver. Continued review revealed no evidence to confirm she received one hour of training in the facility's policies and procedures regarding .

In an interview with the Business Office Manager on at 3 PM who said, she did not have the documentation available for the staff.
3. Personnel record review for staff A, the administrator, hired , revealed there was no documentation to confirm she had obtained an 1 hour in-service training within 30 days of hire regarding the facility's policies and procedures regarding ('s) that included information in Rule 58A-5.0186, F.A.C.

On at 3 PM, the administrator confirmed the findings.

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 4 sampled staff (B).

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Findings:

Personnel record review for staff B a caregiver hired revealed the certificate for resident rights training dated and for Do not Resituate order dated did not include the hours of the trainings.

On at 3 PM, the business office manager confirmed the findings.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on review of the admission and discharge log and interview the facility did not maintain and accurate and up to date admission and discharge log.

Findings:

Review of the admission and discharge log provided by the administrator revealed it did not include all residents who had resided in the facility. The log listed the dates the residents sent to the hospital or rehabilitation center and did not include all residents:

1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a pressure .

2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged.

On at 11 AM, the administrator confirmed the admission and discharge log did not include all of the required information of every resident who had been admitted or discharged from the facility.

Class III

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

Based on record review and interview the facility failed to ensure 1 of 2 sampled resident contracts (7) contained all the required information.

Findings:

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Resident record review for resident #7 revealed a contract dated . . . . . The review revealed the contract did not contain a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change.

In an interview with the administrator on . . . . . at 3 PM, who confirmed the findings.

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 approved by the local emergency management agency.

Findings:

On . . . . . at 1 PM, the executive director said the facility's CEMP was submitted and the facility had not received the approval letter from the emergency management agency.

Class III