

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963814	(X3) DATE SURVEY COMPLETED R 08/28/2018
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

On a revisit to the relicensure survey was conducted at BV Assisted Living Facility, License #8693.

There was deficient practice identified during the survey.

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

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record review and interviews the facility did not provide or arrange for 3 of 4 sampled staff (B, C, and D) to receive the mandated in-services training.

Findings:

Individual personnel record review for:

- 1..Staff B a caregiver hired revealed there was no evidence to confirm she received:
An in-service training's regarding reporting major incidents, reporting adverse incidents.
2. Staff C a caregiver hired revealed there was no evidence to confirm she received:
In-service training regarding the reporting major incidents, reporting adverse incidents and Recognizing and reporting resident, neglect.
3. Staff D a caregiver hired and was a caregiver had no evidence to confirm she received:
An in-service training regarding reporting major incidents, reporting adverse incidents.

On at 11:30 AM, the administrator confirmed the findings.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on personnel, record review and interview the facility did not ensure that 1 unlicensed staff (C) in a sample of 2 who assisted residents with self-administration successfully completed an initial 4 hours

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training on providing assistance with self-administered medications and safe medication practices in an assisted living facility prior to assuming this responsibility.

Findings:

Personnel record review for staff C hired date of ... and was a caregiver who assisted with self-administration of medications, revealed a certificate dated ... that did not include the training hours. Continued personnel record review revealed a certificate dated ... that indicated she attended a 2 hour medication update training. There was no documentation available for review that she had attended a 4 hours training prior to assisting the residents with their medications

On ... at 11:30 AM, the administrator confirmed the findings.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

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 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 she completed ADRD level 1 on ... and level II on ... There was no evidence to confirm she participated in 4 hours of continuing education annually.
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 she completed ADRD level 1 and level II on ... There was no evidence to confirm she participated in 4 hours of continuing education annually.

On ... at 11:30 AM the administrator said staff C and D did not receive the training. She said the

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training was scheduled. Class III 0160 - Records - Facility - 58A-5.024(1) FAC DEFICIENCY REMAINED UNCORRECTED Based on interview and review of the admission and discharge log the facility did not maintain an 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 residents were sent to the hospital or rehab center and did not include for 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 10 AM, the administrator said she had updated the log with some of the admission and discharges and 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		