

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969035	(X3) DATE SURVEY COMPLETED R 09/05/2018
NAME OF PROVIDER OR SUPPLIER RIVERVIEW SENIOR RESORT	STREET ADDRESS, CITY, STATE, ZIP CODE 3490 GRAN AVE PALM BAY, FL 32905	

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

0000 - Initial Comments

A Revisit to the re-licensure survey was conducted on 9/5/2018. Riverview Senior Resort Assisted Living Facility with Limited Nursing Services (LNS) and Extended Congregate Care (ECC), License #12862 had deficiencies at the time of the visit.

0053 - Medication - Administration - 58A-5.0185(4) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on the Medication Observation Record (MORs) review, resident record review and interview, the facility failed to ensure a licensed nurse provided medication administration for 1 of 1 sampled residents (#12).

Findings:

Resident #12's record review revealed a 1823 Health Assessment dated _____ indicating the resident needed medication administration (a nurse to provide). (PHOTOGRAPHIC EVIDENCE)

Reviewed resident #12's _____ 2018 MORs revealed that unlicensed staff are still assisting with self-administration and initialing on the MORs for all medications: _____ Solution; _____ Ointment; _____ 81mg; Multi- _____ 40mg; _____ 10mg; Milk of _____ 7.75%; _____ 2.5mg; _____ 10meq; Pro-Stat Liquid; Risamine Ointment 0.44-20.625%; Tenazosin _____ 1mg; Thick it #2 powder and liquid _____ 20.3 milliliter for pain every 6 hours.

On _____ at 2 PM, an interview with the Director of Nursing who reviewed the _____ 2018 MORs and 1823 Health Assessment and confirming the findings.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on the facility's documentation and interview, the facility failed to obtain an approval letter for the Comprehensive Emergency Management Plan (CEMP) annually by the local emergency management office as required.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969035	(X3) DATE SURVEY COMPLETED R 09/05/2018
NAME OF PROVIDER OR SUPPLIER RIVERVIEW SENIOR RESORT	STREET ADDRESS, CITY, STATE, ZIP CODE 3490 GRAN AVE PALM BAY, FL 32905	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Findings: The last CEMP approval letter was dated There was no documentation of the annual CEMP approval letter for year 2018. On at 4 PM, an interview with the Administrator who stated that he has been in continuous contact electronically with the Brevard County emergency management office but not received a response. The administrator confirmed the above finding. Class III		