STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963814	R 11/05/2018
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

A second revisit to the re-licensure survey was conducted on . BV Assisted Living, license #8693, had a deficiency at the time of the visit.

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 . A second certificate for training in Level 2 was present. There was no certificate for a 4 hour annual continuing education update.

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 . A second certificate for training in Level 2 was present. There was no certificate for a 4 hour annual continuing education update.

On at 1:15 PM the administrator said staff C and D did repeat Level 2, but they did not know to complete an training update course.

Class III