STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967977	**11/06/2018**
NAME OF PROVIDER OR SUPPLIER **GENERATIONS ON THE BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **427 ORIOLE LANE** **INDIALANTIC, FL 32903**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . Generations on the Beach, license #11930, had deficiencies at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observations, record reviews, and interview, the facility failed to ensure that the unlicensed staff (A) who provided assistance with self-administration of medications followed the correct procedure for 1 of 1 medication passes (#3).

Findings:
Observations on at 9:00 AM, revealed Staff A washed her , brought the locked medication cart out of the closet and into the bedroom of resident #3. The resident was lying in bed watching TV and had requested her breakfast. Staff unlocked the cart and took out a small cup for the pills. She then removed one card, said aloud to the resident, "here is your , , ," popped one pill into the cup, signed the MOR, and returned the med card to the cart. She then removed the meds for florastor, , and , and repeated the process, placing a pill in the cup and signing the MOR each time. Next, she unlocked the box in the cart, removed the XTampza ER and put that pill in the cup, signed the MOR and sheet. Next, she handed the cup with 5 pills in it to the resident, who took the cup and swallowed the pills with the water she had. Staff A stated, "Now I'll get your ." She opened the bottom drawer of the cart and took out 3 Over the Counter (OTC) bottles. She placed 2 of each supplement in the small cup, placed it on the edge of the resident's tray table and said, "I'll leave these right here for you. Your breakfast will be in shortly." Staff A then left the room, taking the med cart to the closet.

At 9:15 AM on , Staff A stated, "She likes to take her with her breakfast." Staff A confirmed she did not read the labels aloud and signed the MOR before the resident swallowed the pills. She confirmed she did not watch the resident take all of her medications. Staff A confirmed she was not a nurse.

Class III

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

Based on personnel record review and interview the facility failed to obtain a statement from a licensed health care provider that documented freedom from communicable for 4 of 5 sampled direct

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

care staff (B, C, D & E) and did not ensure an annual statement from the health care provider documenting freedom from ( ) was received for 3 of 5 sampled direct care staff (C, D & E).

Findings:
1. Personnel Record review for Staff B (caregiver, hired), revealed no documentation to confirm she was free from communicable within 30 days of hire.

2. Personnel Record review for Staff C (caregiver, hired), revealed no documentation to confirm she was free from communicable within 30 days of hire, and no documentation she was free from .

3. Personnel Record review for Staff D, administrator/owner, revealed no documentation to confirm she was free from communicable and no documentation she was free from .

4. Personnel Record review for Staff E (caregiver, hired), revealed no documentation to confirm she was free from communicable within 30 days of hire and no documentation she was free from .

On at 3:10 PM, the administrator confirmed the documentation was not in the records.

Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on personnel record review and interview, the facility failed to ensure that 2 of 5 sampled staff (D & E) had obtained the one-time education course on and within 30 days of employment.

Findings:

Personnel Record reviews for Staff D (administrator/owner) and Staff E (caregiver, hired), revealed no evidence of training in / .

On at 3:10 PM, the administrator confirmed the findings.

Class III

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NAME OF PROVIDER OR SUPPLIER **GENERATIONS ON THE BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **427 ORIOLE LANE INDIALANTIC, FL 32903**	

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

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

Based on resident record review and interview, the facility failed to ensure the resident records contained all documentation as required by 58A-5.024(3) FAC for 1 of 2 sampled records (#3).

Findings:
Review of the record for resident #3 revealed a residency contract dated and signed by someone other than the resident. The record did not contain any paperwork for a Power of Attorney who could sign for the resident.

On at 2:30 PM, staff A stated she just spoke to resident #3's brother, and he said they were "working on the POA paperwork" but it wasn't ready.

On at 3:00 PM, the administrator stated the contract was signed by a third party representative who helped place the resident in the facility in 2012, but was not her legal Power of Attorney.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on facility record review and interview, the facility failed to have an approved Emergency Power Plan (EPP), and did not, within five (5) business days, notify each resident and the resident's legal representative in writing when the plan was submitted to the county Office of Emergency Management (OEM) for review and approval as required by 58A-5.036 FAC.

Findings:
Review of the facility documents did not find an emergency power plan approval letter, or documentation the residents or responsible families were notified in writing of the submission of the facility plan.

Upon request to review the EPP approval plan and letter from the county OEM, on at 9:15 AM, the administrator stated they had submitted their plan, but had not received the approval letter from the county. She also confirmed she had not sent notification letters to the residents/responsible parties of the plan submission to the county.

Class III