STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968653	**12/17/2018**
NAME OF PROVIDER OR SUPPLIER **SOUTHERN LIVING OF TITUSVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2375 JAY JAY RD** **TITUSVILLE, FL 32796**	

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

0000 - Initial Comments

A Limited Nursing Service (LNS) and Extended Congregate Care (ECC) monitoring visit was conducted on , . Southern Living of Titusville, license #12517, had a deficiency at the time of the visit.

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

Based on personnel record reviews and interview, the facility failed to ensure 1 of 4 sampled staff (A) had documented evidence of a negative ( ) examination on an annual basis.

Findings:

Caregiver A's personnel record revealed a hire date of . The record contained documentation of a negative exam, dated . The record did not contain documentation of a negative exam for the year 2018.

On at 10:15 a.m. the administrator confirmed the findings and caregiver A said she did not have a negative exam for 2018, as required.

Class III