STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967995	**12/19/2018**
NAME OF PROVIDER OR SUPPLIER **WINNIFRED ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1302 GINZA ROAD NW** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . Winnifred Assisted Living Facility (License #11950) had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on resident record review and interview, the facility failed to ensure the AHCA Form 1823 Health Assessment was accurate and completed for 2 of 2 sampled residents (#2 & #4) who requires assistance with Activities of Daily Living (ADLs).

Findings:

1. Resident #2's record review revealed the resident was admitted to the facility on . An 1823 Health Assessment form not dated by the healthcare provider was in the record. Further record review, revealed resident #2 needs assistance with ambulation, bathing, , toileting, transferring for ADLs. She requires supervision in grooming, and independent with eating. (Photographic evidence obtained)

On at 1:30 PM, an interview with the Administrator who reviewed the 1823 Health Assessment and confirmed the finding.

2. Resident #4's record review revealed the resident was admitted into the facility on . An 1823 Health Assessment form not dated by the healthcare provider was in the record. Further record review, revealed resident #4 needs assistance with all ADLs except supervision with eating. (Photographic evidence obtained)

On at 1:50 PM, an interview with the Administrator who reviewed the 1823 Health Assessment and confirmed the finding.

Class III

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to ensure 1 of 2 sampled residents (#4) had a to medical examination (AHCA form 1823 Health Assessment) completed by a health care provider to meet continued residency criteria after a significant change as required.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967995	12/19/2018
NAME OF PROVIDER OR SUPPLIER **WINNIFRED ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1302 GINZA ROAD NW** **PALM BAY, FL 32907**	

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

Findings:

Resident #4's record review revealed the resident was admitted into the facility on . . In addition, resident #4 was admitted to Hospice care on . An 1823 Health Assessment form not dated by the healthcare provider was in the record. However, the health assessment did not indicate it was for the significant change (Hospice care). (Photographic evidence obtained)

On at 1:50 PM, an interview with the Administrator who reviewed the 1823 Health Assessment and confirmed the finding.

Class III

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

Based on personnel record review and interview, the facility failed to provide a completed and legible written statement for freedom from signs or symptoms of communicable for 1 of 3 sampled staff (A) as required.

Findings:

Staff A's personnel record review revealed hire date . An updated freedom of communicable statement dated did not have a legible name of healthcare provider, address, telephone number contact, and healthcare provider's medical credential identification number included. (Photographic evidence obtained)

On at 2:30 PM, an interview with the Administrator confirmed the finding.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on personnel record review and interview, the facility failed to provide complete documentation on the 2-hour pre-service certificate training for 2 of 3 sampled staff (A & B) as required.

Findings:

Staff A's personnel record review revealed date of hire . In addition, the required 2 hour

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

pre-service training was completed on . . . . . but was not documented on a certificate.

Staff B's personnel record review revealed date of hire . In addition, the required 2 hour pre-service training was completed on . . . . . but was not documented on a certificate.

On . . . . . at 1:45 PM, an interview with the Administrator confirmed the findings.

Class . .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967995	**12/19/2018**
NAME OF PROVIDER OR SUPPLIER **WINNIFRED ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1361 GINZA ROAD NW** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . Winnifred Assisted Living Facility (License #11950) had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on resident record review and interview, the facility failed to ensure the AHCA Form 1823 Health Assessment was accurate and completed for 2 of 2 sampled residents (#2 & #4) who requires assistance with Activities of Daily Living (ADLs).

Findings:

1. Resident #2's record review revealed the resident was admitted to the facility on . An 1823 Health Assessment form not dated by the healthcare provider was in the record. Further record review, revealed resident #2 needs assistance with ambulation, bathing, , toileting, transferring for ADLs. She requires supervision in grooming, and independent with eating. (Photographic evidence obtained)

On at 1:30 PM, an interview with the Administrator who reviewed the 1823 Health Assessment and confirmed the finding.

2. Resident #4's record review revealed the resident was admitted into the facility on . An 1823 Health Assessment form not dated by the healthcare provider was in the record. Further record review, revealed resident #4 needs assistance with all ADLs except supervision with eating. (Photographic evidence obtained)

On at 1:50 PM, an interview with the Administrator who reviewed the 1823 Health Assessment and confirmed the finding.

Class III

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to ensure 1 of 2 sampled residents (#4) had a to medical examination (AHCA form 1823 Health Assessment) completed by a health care provider to meet continued residency criteria after a significant change as required.

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

Findings:

Resident #4's record review revealed the resident was admitted into the facility on . . In addition, resident #4 was admitted to Hospice care on . An 1823 Health Assessment form not dated by the healthcare provider was in the record. However, the health assessment did not indicate it was for the significant change (Hospice care). (Photographic evidence obtained)

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Class III

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Based on personnel record review and interview, the facility failed to provide a completed and legible written statement for freedom from signs or symptoms of communicable for 1 of 3 sampled staff (A) as required.

Findings:

Staff A's personnel record review revealed hire date . An updated freedom of communicable statement dated did not have a legible name of healthcare provider, address, telephone number contact, and healthcare provider's medical credential identification number included. (Photographic evidence obtained)

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Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on personnel record review and interview, the facility failed to provide complete documentation on the 2-hour pre-service certificate training for 2 of 3 sampled staff (A & B) as required.

Findings:

Staff A's personnel record review revealed date of hire . In addition, the required 2 hour

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SUMMARY STATEMENT OF DEFICIENCIES
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pre-service training was completed on . . . . . but was not documented on a certificate.

Staff B's personnel record review revealed date of hire . In addition, the required 2 hour pre-service training was completed on . . . . . but was not documented on a certificate.

On . . . . . at 1:45 PM, an interview with the Administrator confirmed the findings.

Class . .