STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964343	**12/18/2018**
NAME OF PROVIDER OR SUPPLIER **SOLARIS SENIOR LIVING AT MERRITT ISLAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **535 CROCKETT BLVD.** **MERRITT ISLAND, FL 32953**	

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

0000 - Initial Comments

A Limited Nursing Service (LNS) monitoring visit was conducted on . . . . . , . . . Solaris Senior Living at Merritt Island, license #8975, had deficiencies at the time of the visit.

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on personnel record reviews and interview, the facility failed to ensure that 3 of 4 sampled staff (A, B and C) received the required in-service trainings within 30 days of hire.

Findings:

1. Caregiver A was hired on . The personnel record contained a certificate of training for control, dated and one for resident and neglect, dated .

2. Caregiver B was hired on . The personnel record contained a certificate of training for . . . control and one for resident . . . . . and neglect, both dated . . . .

3. Caregiver C was hired on . . . . . The personnel record contained a certificate of training for control, dated and one for resident and neglect, dated .

All of the certificates were issued by an online training provider and none of the records contained documented evidence to indicate the facility used its policies and procedures when the trainings were offered.

Additionally, the records did not contain a statement, signed by each caregiver and the administrator, to indicate they completed at least 2 hours of preservice orientation, as required.

The records did not contain documentation to indicate any of the caregivers were exempt from receiving the trainings.

On at 12:53 p.m. the business office manager confirmed all of the findings and was unable to provide additional documentation.

Class III

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964343	**12/18/2018**
NAME OF PROVIDER OR SUPPLIER **SOLARIS SENIOR LIVING AT MERRITT ISLAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **535 CROCKETT BLVD.** **MERRITT ISLAND, FL 32953**	

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

Based on personnel record reviews and interview, the facility failed to ensure certificates of training for 3 of 4 sampled staff (A, B and C) contained all of the required elements.

Findings:

Caregiver A was hired on .

Caregiver B was hired on .

Caregiver C was hired on .

All of the records contained certificates of training on the topics of resident elopement, facility emergency preparedness and evacuation and ( ) however, none of the certificates contained the date of participation, as required.

On at 12:53 p.m. the business office manager confirmed the findings and was unable to provide additional documentation.

Class

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on personnel record reviews and interview, the facility failed to ensure the personnel record for 1 of 4 sampled staff (C) contained a copy of a job description.

Findings:

The facility's licensed capacity is 95 residents therefore, each personnel record must include a copy of the job description given to each staff member.

Caregiver C was hired on . The record did not contain a copy of her job description, as required.

On at 12:53 p.m. the business office manager confirmed the findings.

Class

0200 - Emergency Environmental Control - 58A-5.036 FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964343	**12/18/2018**
NAME OF PROVIDER OR SUPPLIER **SOLARIS SENIOR LIVING AT MERRITT ISLAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **535 CROCKETT BLVD.** **MERRITT ISLAND, FL 32953**	

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

Based on review of Florida health finder, record reviews and interview, the facility failed to within five business days, notify in writing each resident and the resident's legal representative when its emergency environmental control plan was implemented and failed to develop written procedures to address the care of residents occupying the facility during a declared state of emergency.

Findings:

Review of Florida health finder on at 12 p.m. revealed only that the facility's onsite alternate power source was a portable generator, the cooling method was air conditioner and the implementation of its plan was extended until .

On at 12:15 p.m. the administrator provided an approval letter from the county and said the facility fully implemented its plan on .

A request was made to review the written notification provided to each resident and the resident's legal representative when the plan was implemented and the written policies and procedures developed and implemented by the facility for its alternate power source.

On at 12:35 p.m. the administrator said he was unable to provide the requested written notification to the residents and legal representatives and was unable to provide policies and procedures that described the methods to be used to mitigate the potential for heat related injury to the residents during a declared state of emergency.

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on personnel record reviews, review of the online Agency background screening website, and interview, the facility failed to ensure 1 of 4 sampled staff (B) had a new background screening conducted following a break in service of more than 90 days from a position that required screening.

Findings:

Caregiver B's personnel record revealed a hire date of . The record did not contain a background screening. Review of the Agency's background screening website on at 10:45 a.m. revealed caregiver B had an eligible background screening on .

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

Caregiver B's application of employment, dated , indicated that she was unemployed from to from a position that required screening therefore, the facility should have initiated a resubmission of caregiver B's retained .

On at 12:22 p.m. the business office manager confirmed the findings and was unable to provide additional documentation.

Unclassified