STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967480	R 01/30/2019
NAME OF PROVIDER OR SUPPLIER **A PLACE LIKE HOME ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1971 PORT MALABAR BLVD** **PALM BAY, FL 32905**	

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

0000 - Initial Comments

A revisit to a Complaint Investigation #2018012122 was conducted on . . . . . . A Place Like Home ALF, Inc. (License #11499) had deficiencies at the time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on resident record review and interview, the facility failed to obtain an accurate and dated AHCA form 1823 Health Assessment for 1 of 2 sampled residents (#3) from the healthcare provider as required.

Findings:

Resident #3's record review revealed the resident was admitted to the facility on . An 1823 Health Assessment was not dated by the physician who signed the form

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

(Photographic evidence obtained)

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record review and interview, the facility failed to have documentation of the 2 hour required pre-service orientation training to all new assisted living facility employees (staff C) hired after .

Findings:

Staff C's personnel record review revealed hire date . There was no documented evidence of the 2 hour pre-service training required regarding resident rights, facility's license type and services offered by the facility.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967480	R **01/30/2019**
NAME OF PROVIDER OR SUPPLIER **A PLACE LIKE HOME ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1971 PORT MALABAR BLVD** **PALM BAY, FL 32905**	

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

On at 3 PM, an interview with the Administrator confirmed the finding.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record review and interview, the facility failed to obtain the required annual 2 hours continuing education training in topics pertinent to nutrition and food services in an assisted living facility for the Administrator who oversees and IS responsible for the facility's day to day food service operation.

Findings:

The Administrator's personnel record review revealed no documented evidence of the 2-hour annual update in food & nutrition training.

On at 3:30 PM, an interview with the Administrator confirmed she was in charge of the kitchen activity and food service every day.

Class

0090 - Training - - 58A-5.0191(11) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record review and interview, the facility failed to have documentation of compliance for the 1 hour ( ) training completed within 30 days after employment for 3 of 4 sampled staff (A, B, C) that provide direct care to the residents.

Findings:

1. Staff A's personnel record review revealed hire date . There was no documented evidence of the training completed.

2. Staff B's personnel record review revealed hire date . There was no documented evidence of the training completed.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967480	R 01/30/2019
NAME OF PROVIDER OR SUPPLIER **A PLACE LIKE HOME ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1971 PORT MALABAR BLVD** **PALM BAY, FL 32905**	

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

3. Staff C's personnel record review revealed hire date . . . . . There was no documented evidence of the training completed.

On at 3:30 PM, an interview with the Administrator confirmed the findings.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

DEFICIENCY REMAIN UNCORRECTED
Based on observation, resident record review and interview, the facility failed to have a monoxide detector; and the facility failed to notify in writing each resident and the resident's legal representative within five (5) business days for submission of the Emergency Power Plan (EPP) to the local emergency management agency and that the plan had been submitted for review and approval as required.

Findings:

Observation on at 1:30 PM that the facility had no monoxide detector alarm. The Administrator stated that she would go to Home Depot and pick up some detectors.

Resident #2's and resident #3's record review revealed no documented evidence that the facility notified the residents and/or legal representatives within 5 days that the EPP submitted and approved by the local emergency management office.

On . . . . . at 1:40 PM, an interview with the Administrator confirmed the findings.

Class III