STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966476	R 03/05/2019
NAME OF PROVIDER OR SUPPLIER **CLARKE'S ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **48 EMERSON DRIVE NW** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

A revisit to compliant investigation #2018015144 was conducted on . . . . . Clarke's Assisted Living, Palm Bay LIC#10686 had deficiencies at the time of the visit.

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

Based on record review and interview the facility failed to ensure that 1 out of 3 staff (C) had evidence of an annual negative . . . . . ( ) examination by a healthcare provider.

Findings:

1. In a record review for Staff C, it revealed he was hired on . . . . . and his last examination by a healthcare provider was dated . There was no evidence of a examination by a healthcare provider for the year of 2018.

2. On . . . . . at 2pm, the administrator confirmed the findings.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observations and interview, the facility failed to maintain a home like environment in which to provide a safe living environment for the residents of the facility.

Findings:

1. Observations on . . . . . revealed the tile floors in the kitchen and dining area had stains with wear and tear. Kitchen cabinet doors were loose and falling off hinges. The baseboard under the sink was missing. The resident's hallway had stains on the tile floor and floor board, rust in sinks and tub and stains on shower wall and tub. There were stains on the front door and residents bedroom doors. The laundry room floor contained bags of laundry. Residents confirmed the washing machine is not working. There was a strong body odor throughout the home.

2. On at 2:30pm the findings were shown to the administrator and she confirmed the findings.

Class III

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