STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968058	04/22/2019
NAME OF PROVIDER OR SUPPLIER **SALUS SENIOR SERVICES**	STREET ADDRESS, CITY, STATE, ZIP CODE **2400 NEW YORK ST** **MELBOURNE, FL 32904**	

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

0000 - Initial Comments

A re-licensure survey was conducted at Salus Senior Services Assisted Living Facility (License #12001) on . . . . . The provider had deficiencies at the time of the visit.

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(I)

Based on review of the facility's written elopement policies and procedures, resident record review, observation and interview, the written elopement policies and procedures were not up to date with the current elopement regulations pursuant to 58A-5.0191 Florida Administrative Codes (F.A.C) that's required for identified elopement risk residents.

Findings:

Reviewed the facility's elopement written policies and procedures. The documentation was not up to date with the regulation requirements for elopement risk residents such as part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, facility's address, and facility's telephone number

Resident #2's review revealed admission on . . . . . An 1823 Health Assessment dated . . . . . documented resident identified an elopement risk and have .

Observation on at 11:30 AM, no identification with resident name, facility's name, facility's address and facility's telephone number on resident #2 or not observed in her room within personal belongings.

On at 12:15 PM, interview with the Administrator who confirmed the findings.

Class III

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

Based on personnel record review and interview, the Administrator (staff B) who was responsible for the facility's food services failed to have evidence of the required 2-hour annual continuing education training in topics pertinent in nutrition and food in an Assisted Living Facility (ALF) that was provided by a certified food manager, licensed dietician, registered dietary technician, or from the Department of

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SUMMARY STATEMENT OF DEFICIENCIES
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Health.

Findings:

On at 12:30 PM, the Administrator stated that she is responsible and oversee day-to-day food service.

Administrator's (staff B) personnel record review revealed no documented evidence of the 2-hour annual training in nutrition and food services.

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

Class III