STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968121	06/18/2019
NAME OF PROVIDER OR SUPPLIER **R AND C ULTIMATE CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2638 AND 2660 SE WESTSIDE AVE** **PALM BAY, FL 32909**	

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

0000 - Initial Comments

An unannounced complaint investigation, 2019005947, was conducted at R and C Ultimate Care Assisted Living Facility, Palm Bay, Florida, on /22019. Deficient practice was found at the time of the complaint investigation.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record reviews and interviews, the facility placed residents at-risk by failing to maintain required written notification to the family and resident's health care provider of health of significant health care changes for three of eight residents (Resident #1, #4 and #6).

Findings include:

On , in a record review of the facilities multi-disciplinary notes the following significant health care changes were documented:

1. On record review revealed resident #1, dated , documented resident is off balance, risk and should not be left alone. (photo evidence) Further record review revealed the file did not contain any documentation of contact with either the family or Resident #1's health care provider.

2. On record review revealed resident #4, dated , documented resident #4 has poor circulation in her . (photo evidence) Further record review revealed the file did not contain any documentation of contact with either the family or Resident #4's health care provider.

3. On record review revealed resident #6, dated , documented Resident #6 has in her . (photo evidence)
Further record review revealed the file did not contain any documentation of contact with either the family or Resident #6's health care provider.

On , at 2:30 PM, in an interview with the assistant administrator, the assistant administrator stated she did not have written documentation of having contacted the resident's health care provider. The assistant administrator stated the doctor, who comes to the facility twice a month and would have taken care of it.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968121	**06/18/2019**
NAME OF PROVIDER OR SUPPLIER **R AND C ULTIMATE CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2638 AND 2660 SE WESTSIDE AVE** **PALM BAY, FL 32909**	

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

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

Based on record review and interviews, the facility failed to ensure one of three staff (Staff A) had documentation of having completed an exam for signs and symptoms of communicable within 30 days of date of hire.

Findings include:

On , in a record review of Staff A's employment file, the file documents Staff A's date of hire as . Staff A's file does not include any documentation of Staff A having completed the required exam showing Staff A was free from signs and symptoms of communicable .

On , at 2:30 PM, in an interview with the assistant administrator, the assistant administrator was asked if she could provide the required documentation of Staff A, having completed the exam showing Staff A was free of signs and symptoms of communicable . The assistant administrator stated she thought the documentation was in file, but she could not locate it.

Class III

0080 - Training - Core & Competency Test - 429.52( ) FS; 58A-5.0191(1) FAC

Based on record review and interviews, the facility failed to provide the required documentation of the assistant administrator having maintained her CORE training status.

Findings:

On , in a record review of the assistant administrators file, the file documented the assistant administrator completed CORE training in 2015. The file did not contain documentation of the assistant administrator having completed 12 hours of continuing education training every two years.

On , at 2:30 PM, in an interview with the assistant administrator, the assistant administrator stated she had completed the continuing education training, she does not understand why it is not in the file.

Class III

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968121	**06/18/2019**
NAME OF PROVIDER OR SUPPLIER **R AND C ULTIMATE CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2638 AND 2660 SE WESTSIDE AVE** **PALM BAY, FL 32909**	

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

Based on record review and interview the facility failed to new staff received preservice orientation prior to interacting with residents and a statement was signed by the employee and the facility administrator that the employee completed the preservice orientation for 2 of 3 staff records reviewed (A & B).

Findings:

On , in a record review of Staff A's and Staff B's employment files, the files document Staff A and Staff B's pre-service training. was signed off by the assistant administrator. Staff A and Staff B had dates of hire listed as .

On , at 2:30 PM, in an interview with the assistant administrator, who stated she provides training for staff.

Class III