

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965167	(X3) DATE SURVEY COMPLETED R 07/16/2019
NAME OF PROVIDER OR SUPPLIER ABOVE THE REST ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2360 MADRID AVENUE S.E. PALM BAY, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit to the relicensure survey was conducted on at Above the Rest Assisted Living, Palm Bay. Deficiencies were found at the time of the visit. 0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS Based on record review and interview the facility failed to ensure 3 of 3 sampled residents (#1, 2 and 3) contracts contained all the required accurate information. Findings: Individual record review including resident's contracts for Residents#1,2, and 3 revealed the contract indicated "if resident vacates the facility or dies before the 7th of the month there will be a 70% (percent) refund of the monthly rate. If a resident vacates or dies by the 14th of the month there will be a 50% (percent) refund or after the 14th of the month no refund will be available. In an interview with the administrator on at 11am, she stated she does not understand what is wrong with the contract but will look into it. Class III 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on record review and interview the facility failed to address the use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration. Findings: In a review of the facility's Emergency Management Plan approved on , the policy and procedures did not address the use of refrigeration for medicines that require refrigeration. In an interview on at 11am with the administrator, she stated she was not aware of the requirement and the plan did not address medications because when using the alternate power, it will include the refrigerator working. She stated she would look into it. Class III		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED**

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