

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967480	(X3) DATE SURVEY COMPLETED R 07/15/2019
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 complaint #2019002188 was conducted on at A Place like Home ALF, Palm Bay. A deficiency was found 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 staff were qualified to perform their assigned duties consistent with their level of education, training, preparation and experience by allowing an unlicensed caregiver (C) to give a medication that required judgement and discretion to 1 of 4 sampled residents (#1). Findings: Resident#1's current 1823 assessment dated, indicated she has a diagnosis of and Type II She requires assistance with self-administration of medications. A facility note signed by caregiver C dated indicated she gave the resident to stop without a physician order. In an interview on at 12pm with the administrator she confirmed the above findings and stated she retrained the staff on administration of medication, however, there was no documentation of the training or the curriculum. Class III		