STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969147	**07/30/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LASALLE ASSISTED LIVING ROCKLEDGE LLC	**3545 MURRELL RD ROCKLEDGE, FL 32955**

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

0000 - Initial Comments

An Extended Congregate Care monitoring visit was conducted at LaSalle Assisted Living Rockledge on , , . Deficiencies were identified at the time of the survey.

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview, the facility failed to maintain a written work schedule that reflected its 24-hour staffing pattern for a given time period.

Findings:

Review of the facility's records revealed there was not a staffing schedule available.

On at 10:45 a.m. I requested to review the facility's staffing schedule. The administrator said the facility's internet and cable went out last night following a rain storm so she could not access her online schedule.

Class III

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

Based on personnel record reviews and interview, the facility failed to ensure that 3 of 3 sampled staff (A, B, and administrator) received the required in-service training as described in 58A-5.0191( ) FAC.

Findings:

Caregiver A was hired on . Her personnel record contained a 2-hour certificate of training on preservice orientation, dated , and certificates of training on control, dated , resident , neglect, and , dated , emergency preparedness and evacuation, dated , and elopement and , dated .

Caregiver B was hired on . Her record contained a 2-hour certificate of training on preservice orientation, dated , and certificates of training on resident , neglect, and , dated , emergency preparedness and evacuation, dated , and elopement and , dated .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969147	**07/30/2019**
NAME OF PROVIDER OR SUPPLIER **LASALLE ASSISTED LIVING ROCKLEDGE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3545 MURRELL RD** **ROCKLEDGE, FL 32955**	

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

The agenda for both caregiver's preservice orientation training did not include resident rights, as required. In addition, their additional trainings were obtained from an online trainer and neither record contained documented evidence to indicate they received training on the facility's policies and procedures, as required.

The administrator was hired on . On at 10:45 a.m. she said she was the resident caregiver daily from 3:30 p.m. to 7 p.m. Her record did not contain documented evidence to indicate she received 3 hours of in-service training that covered resident behavior and needs and providing assistance with activities of daily living.

At 12:15 p.m. the administrator confirmed all of the findings.

Photographic evidence obtained.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on personnel record reviews and interview, the facility failed to ensure 2 of 3 direct care staff (A and B) received at least one hour of training in the facility's policy and procedures regarding ( ) that included information in Rule 58A-5.0186, F.A.C.

Findings:

Caregiver A was hired on . Her record contained a certificate of training on , dated .

Caregiver B was hired on . Her record contained a certificate of training on , dated .

Both caregivers obtained the training from an online trainer and there was no documented evidence to indicate either one received at least one hour of training on the facility's policy and procedures regarding , as required.

On at 12:15 p.m. the administrator confirmed the findings.

Photographic evidence obtained.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969147	**07/30/2019**
NAME OF PROVIDER OR SUPPLIER **LASALLE ASSISTED LIVING ROCKLEDGE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3545 MURRELL RD** **ROCKLEDGE, FL 32955**	

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

Class III

E203 - ECC - Staffing Requirements - 58A-5.030(3) FAC

Based on record review and interview, the facility failed to provide staff or contract the services of a nurse to provide nursing services, participate in the development of resident service plans, and perform monthly nursing assessments for Extended Congregate Care (ECC) residents.

Findings:

The facility holds a specialty ECC license.

On [redacted] at 10:45 a.m. the administrator identified nurse C and said she thinks her contract to provide nursing services for ECC expired [redacted].

Review of the contract between nurse C and the facility revealed the contract expired on [redacted].

At 12 p.m. nurse C said the contract expired on [redacted] and she was no longer the ECC nurse for the facility.

At 12:05 p.m. the administrator confirmed the end date on the contract and said she was mistaken about the date and said she does not currently employ or contract with a nurse to provide ECC nursing services.

Photographic evidence obtained.

Class III