STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969420	**08/22/2019**
NAME OF PROVIDER OR SUPPLIER **SEABREEZE ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **365 E RIVIERA BLVD** **INDIALANTIC, FL 32903**	

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

0000 - Initial Comments

An unannounced complaint investigation, 2019013108, was conducted off hours at Seabreeze Assisted Living Facility, Indialantic, Florida, on to . Deficient practice was found at the time of the complaint investigation.

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

Based on record review and interviews the facility failed to protect five of five residents (Resident #1, #2, #3, #4 and #5) by ensuring compliance with all staff, three of three (Staff A, B and C), having documentation of a written statement from a health care provider that they do not have signs or symptoms of communicable .

Findings include:

1. On , during a record review of Staff A's employee file, Staff A's file documented Staff A's date of hire as . Staff A's file did not contain documentation of Staff A having a written statement from a health care provider stating Staff A does not have signs or symptoms of communicable .

2. On /22019, during a record review of Staff B's employee file, Staff B's file documented Staff B's date of hire as . Staff B's file did not contain documentation of Staff B having a written statement from a health care provider stating Staff D does not have signs or symptoms of communicable .

3. On , during a record review of Staff C's employee file, Staff C's file documented Staff C's date of hire as . Staff C's file did not contain documentation of Staff C having a written statement from a health care provider stating Staff C does not have signs or symptoms of communicable .

On , at 1:20 AM, in an interview with the administrator, the administrator was asked if the facility could provide the written documentation of Staff A, B and C being free of signs or symptoms of communicable from a health care provider. The administrator showed the documentation for the test. The administrator she did not have any other documentation concerning Staff A, B and C being free from communicable .

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969420	**08/22/2019**
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SUMMARY STATEMENT OF DEFICIENCIES
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0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interviews the facility failed to ensure an accurate written work schedule reflecting its 24-hour staffing pattern.

Findings include:

On , at 11:56 PM, in an interview with the administrator, the administrator was requested to provide a copy of the work schedule for the facility for the last two months. The administrator stated they keep their schedule on line and she could print a copy.

On , in a record review of the facility work schedule, the schedule documented at the time of the complaint investigation, at 11:30 PM, Staff A was on duty from 11:00 PM until 7:00 AM.

On , at 11:30 PM, in an interview with Staff D, Staff D stated he was the worker on duty at the current time.

On , at 12:25 AM, in an interview with the administrator, the administrator stated the current work schedule provided to the agency is not correct.

Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on record review and interviews, the facility failed to ensure one of three staff (Staff A) had documentation of having completed the required training concerning / , within 30 days of the date of hire.

Findings include:

On , in a record review of Staff A's employment file, the file documented Staff A's date of hire as . Staff A's file failed to include documentation of Staff A having completed the required / training.

On at 1:30 AM, in an interview with the administrator, the administrator failed to provide any additional documents related to Staff A's employment file to show Staff A had completed the required / training.

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

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interviews the facility placed 5 of 5 residents (Resident #1, #2, #3, #4 and #5) at-risk by failing to maintain the required admission and discharge log.

Findings include:

On /2109 at 11:56 PM, in an interview with the administrator, the administrator was requested to provide the agency the opportunity to review the current admission and discharge log.

On /2109, in a record review of the admission and discharge log provided by the administrator, the log was a census log listing resident names. The log failed to document each residents date of admission, location in which the resident came from and a notation indicating that the resident was admitted with a , or other medical condition.

On at 1:20 AM, in an interview with the administrator, the administrator stated she could change the log to what the agency required.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review, interview and observation, the facility placed 5 of 5 residents (Resident #1, #2, #3, #4 and #5) at-risk by failing to ensure all staff were placed on the facility background-screening roster.

Findings include:

On at 11:30 PM, it was observed by Agency staff, Staff D was providing resident care coverage.

On at 11:40 PM, in an interview with Staff D, Staff D stated he works at the facility providing coverage of the overnight shift. Staff D stated he was hired on . Review of the background screening website revealed Staff D had an eligible background screening as of .

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

On , in a record review of the Agency background-screening web site, the web site documented Staff D was not listed on the facilities background-screening roster.

On at 11:56 PM, in an interview with the administrator, the administrator stated Staff D is a new employee and not officially hired.

On at 11:38 AM, in an interview with Staff I, Staff I stated she was not certain when Staff D was hired but she is aware that Staff D is scheduled to provide overnight coverage.

Unclassified