STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966721	06/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Stillwater Alf Corp	2881 Quentin Avenue Se Palm Bay, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:

0000-Initial Comments
A Biennial Relicensure survey was conducted on Stillwater Assisted Living Facility had deficiencies identified at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on interview and record review, the facility failed to ensure that 1 of 2 residents reviewed had a face to face medical examination by a health care provider at least every three years after the initial assessment or after a significant change whichever comes first (#2).

Findings:

Resident #2's record review revealed an initial Facility Health Assessment Form (AHCA Form 1823) dated There was no updated 1823 in the record. Further review revealed that the resident was placed on hospice services on I/10.

Interview was conducted on at 2 PM with hospice nurse present at the facility. She stated she would inform her supervisor that the resident did not have a current 1823 form.

In an interview on at 3:40 PM with the administrator, he stated he did not realize the 1823 was not updated in all the years the resident has lived at the facility.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on interview and record review, the facility failed to ensure that all staff had up to date training in and first aid for 2 of 3 staff records reviewed (#A & B).

Findings:

1. Record review conducted on at 1:40 PM for staff #A revealed a certificate of

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completion for . . . and first aid dated . 2012-14.

2. Record review conducted on . at 1:55 PM for staff #B revealed a certificate of completion for . . . and first aid dated . 2012-14.

In an interview conducted on . . . . . at 3:40 PM with the administrator, he said he did not realize staff #A and #B's training certificates had expired.

Class III

0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on interview and record review, the facility failed to ensure the administrator, designated as the person responsible for total food services and the day-to-day supervision of food services, completed the annual food and nutrition training.

Findings:

Record review conducted on . . . . . at 2 PM for staff #A, the administrator, revealed that the administrator did not have a certificate of completion for the two hour Food Safety and Nutrition training.

In an interview conducted on . . . . . at 3:45 PM with the administrator, he stated that he may not have taken the course this year and could not provide evidence of this training.

Class III

0160-Records - Facility 58A-5.024(1) FAC
Based on interview and record review, the facility administrator failed to ensure that the Facility Admission and Discharge Log was up to date and had the residents' names, date of admission and date of discharge for 3 of 5 current residents admitted to the facility (#1, 4 & 5).

Findings:

Review of the Facility Admission and Discharge Log on . . . . . at 11:30 AM revealed that the facility administrator has not updated the log with the names and date of admission for three of the five current residents.

In an interview conducted on . . at 3:40 PM with the administrator, he stated that he did

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not realize the Admission and Discharge Log was not being updated as residents moved in or left the facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Stillwater Alf Corp
2881 Quentin Avenue SE
Palm Bay, FL 32909

RE: Biennial relicensure

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted] 11, 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after [redacted] to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at [redacted]

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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