STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969133	**01/03/2019**
NAME OF PROVIDER OR SUPPLIER **BRILLIANCE LIVING CORPORATION**	STREET ADDRESS, CITY, STATE, ZIP CODE **699 N DIXIE FREEWAY** **NEW SMYRNA BEACH, FL 32168**	

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

0000 - Initial Comments

An unannounced biennial licensure survey was conducted at Brilliance Living Corporation (License #12974) from , to , . Brilliance Living Corporation had deficiencies found as a result of the survey.

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on record review, resident and staff interview, the facility failed to ensure health assessments were completed 60 days before admission or 30 days after for Resident #6 and failed to have a correct health assessment for Resident # 9, 2 of 3 sampled residents.

The findings include:

1. Record review for Resident #6 revealed she was admitted to the facility on . The health assessment dated revealed she had diagnoses of , , and , . The Health Assessment was dated greater than 60 days prior to admission. The Administrator on at 11:45 AM confirmed the Health Assessment was not done timely.

2. Resident #9 was interviewed on at 12:35 PM. She stated that she is a and injects herself with her , . Record review revealed Resident #9 did have a diagnoses of and the Health Assessment dated revealed she needed assistance with medication Administration. Employee D, a Registered Nurse on at 12:41 AM confirmed the Health Assessment was not correct. The resident could self administer her own medication.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and staff interview, the facility failed to ensure that medication observation records(MORS) were complete for Residents #3, # 9, #12, #16, #17, #18, #19, and #20, 8 out of 20 sampled residents.

The findings include:

Record review of the MOR for Resident #3 revealed medications were not signed off as given (blanks). They were for (blanks on , 13,14,16,22, and 26), , , ,

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SUMMARY STATEMENT OF DEFICIENCIES
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, , , , , , (all blank on), and , (blank on and).

Review review of the MOR for Resident #9 revealed medications were not signed off as given (blanks). They were for (blnank on), (blank on), (blank on), and Donnatel (blank on ,16,22, and 25).

Record review of the MOR for Resident #12 revealed medications were not signed off as given (blanks). They were for (blank on ,24), (blank on ,13), (blank on ,13), (blank on ,15), (blank on), with D (blank on ,13), (blank on ,13), Welchol (blank on ,13), and (blank on ,13).

Record review of the MOR for Resident #16 revealed medications were not signed off as given (blanks). They were for , , , (all blank on), (blank on ,24), (blank on), and (blank on).

Record review of the MOR for Resident #17 revealed medications were not signed off as given (blanks). They were for , , , , and Vesicare (all blank on).

Record review of the MOR for Resident # 18 revealed medications were not signed off as given (blanks). They were for , , , , Fonase, , (all blank on), Hydrocholorot, , , , (all blank on ,13), (blank on), , , , , , (all blank on ,24), , 15 mg ER (blank on ,13,24), and cream (blank on ,24).

Record review of the MOR for Resident #19 revealed medications were not signed off as given (blanks). They were for (blank on ,13), (blank on ,13,21,25), (blank on), (blank), Feosol (blank on), (blank on), (blank on ,6,11,13,21,25), (blank on ,2,11,13,21,25), (blank on ,13,15,21,25), (blank on ,11,13,15,21,25), (blank on ,13,25), and (blank on 12,11,13,16,22,25).

Record review of the MOR for Resident #20 revealed medications were not signed off as given (blanks). They were for and (both blank on).

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On at 11:51 AM, the Administrator confirmed all of the blanks in the MORS.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and staff interview, the facility failed to dispose of expired medications for Resident # 9, 1 of 6 sampled residents.

The findings include:

On at 10:07 AM, an observation was made of the medication refrigerator. There were 3 bottles of , two of them were not opened. They belonged to Resident #9. All three bottles expired in . Employee F, a Medication Technician was present and she stated she was not sure if the resident still used this medication.

Resident #9 was interviewed on at 12:35 PM. She stated that she is a and injects herself with her . She injects herself with Bydureon weekly. She has not used in a long time.

On at 12:25 PM, Employee D, the Administrator was interviewed. She stated that should be discarded when it is expired.

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on employee record review, review of the facility schedules, and staff interview, the facility failed to ensure that one staff member working in the facility at all times was trained in First Aid (Employee A and B) and trained in ( ). (Employee B)

The findings include:

Record review of the employee file for Employee A found no evidence she was trained in First Aid.

Record review of the employee file for Employee B found no evidence she was trained in First Aid or in ( ).

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During a record review of the facility's schedule and interview with the Administrator on at 3:50 PM the Administrator she confirmed the findings. She stated that she was not able to show that the facility always had an employee working at the facility with current a certification in First Aid when Employee A was on the schedule to work the 6:00 AM to 6:00 PM and with a current certification in and First Aid when Employee B was scheduled to work the 6:00 PM to 6:00 AM shift.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, interview and record review the facility failed to ensure menus used by the facility were approved and reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional needs for the 45 residents that reside in the facility. The facility failed to ensure that portion sizes were indicated for the menus used and failed to keep a 6 month record of the menus used with substitutions noted before or when the meal was served.

The findings include:

During an interview on at 1:08 PM, with the Administrator of the facility and Employee G the menus provided by the facility were reviewed. Record review of the menus provided found they were dated from 2017 . The menus did not have portion sizes and did not have any evidence they were approved by any type dietary or nutritional professional. The Administrator stated they did not have any approved menus from 2018 or substitution logs to provide as the last registered dietician took them.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review, and staff and resident interview, the facility failed to maintain written records of resident care for 1 of 20 sampled resdients (Resident #5), and physician orders in a manner that made them accessible for staff's reference during resident care, for 2 of 20 sampled residents (Resident #5 and #6).

The findings include:

1. On at 8:30 AM, Resident #5 was walking into the dining room and asked Medication Technician, Employee E if she could check his level. Employee E stated she would.

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Employee E stated that Resident #5 could not do his own testing because he had 's and his shook too much. Employee E was asked how often the resident's was checked. She stated she did not know. She usually did not work this medication cart and there was nothing on the medication record for the frequency of these tests. Employee E stated they check it when the Resident asked them. Employee E stated they record the levels on a separate sheet of paper located in the medication book. There was one for Resident #5. In , there were two levels recorded, one on and one on .

Record review for Resident #5 did not reveal a physician order for frequency of checks. The Resident's Health Assessment dated revealed he needed assistance with medication administration and had diagnoses of and .

Employee D, a Registered Nurse on at 10:54 AM confirmed the medication record did not have an order for frequency of testing.

On at 3:46 PM, Employee D stated she found a physician order as directed every other day. Employee D confirmed staff was not performing them per physician order.

2. On at 8:55 AM, Resident #6 was observed in her recliner in her room with via a . Her concentrator was set at 1.5 liters per minute. There was a small portable canister on the chair next to the bed. The dial was in the red(empty). (Photographic evidence obtained). Employee F, a Medication Technician was present. She stated the staff did not monitor the resident's . She did not know what level the should be on or anything about portable tanks. She believed that the family took care of it.

Record review for Resident #6 revealed she was admitted to the facility on . The health assessment dated revealed she had diagnoses of , , and . The resident needed assistance with medication administration. There was no physician order for the .

On at 12:15 PM, Employee D confirmed there was not a physician order for the .

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to maintain the facility's emergency management

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plan, with documentation of review and approval by the county emergency management agency.

The findings include:

During an interview with the Administrator on a request was made for the approval letter from the county that their Comprehensive Emergency Management Plan (CEMP) had been approved. She stated it was approved in but did not have evidence.

A copy was obtained and a follow up interview with Administrator was conducted on at 4:20 PM. She stated it was approved in but she did not have the letter. She stated she sent a new plan in and it was late. She did not have any changes.

A telephone interview was conducted on with a representative form the County Emergency Management Agency where the facility is located. The representative stated that the facility has never had an approved emergency management plan.

Class III