STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965658	12/27/2018
NAME OF PROVIDER OR SUPPLIER **PALM COTTAGES OF ROCKLEDGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3821 SUNNYSIDE COURT** **ROCKLEDGE, FL 32955**	

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

0000 - Initial Comments

An Extended Congregate Care (ECC) monitoring visit was conducted on , . Palm Cottages of Rockledge, license #9987, had deficiencies at the time of the visit.

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

Based on personnel record reviews and interview, the facility failed to ensure 1 of 4 sampled staff (C) submitted a written statement from a health care provider documenting freedom from communicable within 6 months prior to employment or 30 days after hire.

Findings:
Caregiver C's personnel record revealed a hire date of . The record did not contain a written statement from a health care provider documenting freedom from communicable , as required.

On at 11:55 a.m. the administrator confirmed the findings and was unable to provide additional documentation.

Class III

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on personnel record reviews and interview, the facility failed to ensure 1 of 4 personnel records (B) contained a completed Attestation of Compliance with Background Screening Requirements.

Findings:
Caregiver B's personnel record revealed a hire date of . The record contained a blank Attestation of Compliance with Background Screening Requirements that was not signed and dated.

On at 11:49 a.m. the administrator confirmed the findings and was unable to provide additional documentation.

Photographic evidence obtained.

Unclassified