

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968127	(X3) DATE SURVEY COMPLETED 10/02/2013
NAME OF PROVIDER OR SUPPLIER Sara's House, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 1567 Ne 46th Street Oakland Park, FL 33334	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
 St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
 St - A - 0051 - 58a-5.0185(2) Fac - Medication - Pill Organizers S-S= D
 St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
 St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
 St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
 St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D
 St - A - E203 - 58a-5.030(4) Fac - Ecc - Staffing Requirements S-S= D
 St - A - E210 - 58a-5.0191(7) Fac - Ecc - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility biennial relicensure survey with Extended Congregate Care (ECC) was conducted on Sara 's House, Inc had licensure deficiencies found at the time of the visit.

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

Based on record review and interview, the facility failed to ensure health assessments were complete & accurate for 2 out of 2 sampled residents (Resident #1 and #2).

The findings included:

Review of Resident #1 's record revealed a Resident Health Assessment (AHCA Form 1823) dated documented the resident is to have medications administered. The Administrator said it is an error and will have the physician change it.

Review of the 1823 Health Assessment dated completed by the physician for Resident #2, revealed the section for 'type of Medication assistance' was left blank. The Administrator said she would have it corrected.

Class III

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0051-Medication - Pill Organizers 58A-5.0185(2) FAC

Based on observation, record review and interview, the facility failed to ensure that a pill-organizer was filled only for residents who self-administer medications, for 1 of 3 sampled residents in the facility (Resident #2).

The findings include:

Observation of the Administrator during the noon medication observation pass for Resident #2 revealed: two medications were removed from a pill organizer that were in a locked cabinet. The resident was assisted to consume the two medications. The pill organizer had no name on it or any indication what the medications were. The Administrator stated the pill organizer is filled by the daughter and given to her. There were no pill bottles available for review as the Administrator said the daughter had taken them to get refilled. The Administrator said she knows which meds the resident gets per the pill organizer.

Review of Resident #2's health assessment dated 10/01/13 revealed the resident required assistance with all activities of daily living (ADLs). Review of the physician note revealed the resident was under hospice care since 10/01/13 for increased weakness and less ability to perform ADLs. During an interview with the Administrator on 10/02/13 at 12:10 PM, she revealed the resident is unable to self-administer medication and does require assistance with ADLs, including eating.

Class III

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

Based on record review & interview, the facility failed to ensure the Medication Observation record (MOR) was completed accurately, for 3 of 3 sampled residents MORs reviewed (Resident #1, #2, and #3).

The findings include:

1. Review of the Medication Observation records (MORs) for Resident #1, #2, and #3 revealed there were no documented times on the MOR for the residents to receive their various medications. The MOR documented 'Morning, Noon, Evening'. There was no 'bedtime' time for medications to be given.

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It could not be determined what time the medications were provided to the residents. The Administrator said she makes her own MORs for the facility & they do not come from pharmacy.

2. Review of the physician order for Resident #1 revealed an order for 0.5mg every 8 hours, as needed orally. Review of the MOR revealed as needed" was on the MOR but it did not indicate every 8 hours. The MOR also did not indicate the 'times' the ordered twice daily was to be provided to the resident. This was reviewed on the & 2013 MORs.

3. Observation of the noon medication pass was completed for Resident #2. The MOR for 2013 was reviewed and the 'morning' medication had the Administrator's initial in the box. The Administrator confirmed she had not provided the morning medication to the resident as she was not in the facility at that time. She said she had signed for the aide as she had an appointment and had asked her to sign for her. The Administrator said she was not supposed to sign but the night aide has asked her to as she had to leave for an appointment (left facility at approximately 9:30 AM).

4. Review of the physician order for Resident #3 revealed an order for 0.5mg twice daily. Review of the MOR revealed it was documented as "as needed" (pm). Further review of the MORs for 2013 revealed there were 3 ordered medications listed that included; 1mg 3 times daily for agitation, 0.5mg PRN and Robitussion every 6 hours as needed but no dose or amount documented for these medications. There were 2 sheets with these 3 same medications on them: one of the sheets had documentation the and were provided; and the 2nd sheet was blank with no initials. It could not be determined whether the resident was provided the medications or not.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure all staff who provided direct care to residents had the required in-service training within 30 days of hire, for 1 of 2 sampled staff files reviewed (Staff B).

The findings include:

Review of the personnel file for Staff B revealed the file lacked documentation that Staff B had a one hour in-service or training within 30 days of hire in the following areas: Reporting major incidents, Reporting adverse incidents, and Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, Resident rights in an assisted living facility, and Recognizing

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and reporting resident neglect, and

The Administrator agreed there was no evidence of the one-hour in-service or training in the aforementioned areas. She said she verbally tells the staff what the facility's policies are but there is no documentation of this. She said there was no sign-in sheet or certificate indicating in-service training. The Administrator said that emergency procedures are reviewed with staff by the Fire Marshall but there was no evidence of this in the file.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure employees completed the continuing education training on providing assistance with self-administered medications annually, 2 hours annually, as required by a nurse or pharmacist, for 1 of 2 sampled employee files reviewed (Staff #B).

The findings include:

Interview with the Administrator at 9:54 AM revealed medication training is done annually. Review of the personnel file for Staff B revealed a hire date of as a part-time employee and on as a full-time employee. There was a certificate in the file for medication training that had an expiration date of (4 hours). There was no evidence or documentation in the file of training on assistance with self-administration of medication.

This was reviewed with the Administrator who confirmed there was no updated training for the unlicensed employee to assist with self-administration of medication. She said the employee needs an update to be done. The Administrator said Staff B does provide medication to the residents as she works from 9 PM to 9 AM. She said the morning medications are provided by Staff B.

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0167-Resident Contracts 58A-5.025(1) FAC

Based on documentation review and interview, the facility failed to ensure completed contracts were obtained, for 3 of 3 residents' contracts reviewed (Resident #1, #2, and #3).

The findings include:

1. Review of the file for Resident #1 revealed an admission of Review of the facility resident contract / agreement in the resident financial file revealed there was no effective date entered on page one of the contract, there was no documented monthly rental amount and there was no signature or date by the resident or the resident's responsible party or by the facility's responsible party.
2. Review of the file for Resident #2 revealed an admission of Review of the facility resident contract / agreement in the resident financial file revealed there was no effective date entered on page one of the contract, and no documented monthly rental amount.
3. Review of the file for Resident #3 revealed an admission of Review of the facility resident contract / agreement in the resident financial file revealed there was no effective date entered on page one of the contract.

Class III

E203-ECC - Staffing Requirements 58A-5.030(4) FAC

Based on record review and interview, the facility failed to ensure it maintained an agreement / contract with a nurse who would be available to provide nursing services as needed for ECC (extended congregate care) residents and to participate in the development of resident service plans and perform monthly nursing assessments.

The findings include:

During an interview with the Administrator at 10:25 AM on, she revealed the facility does not employ a full-time Nurse within the facility to provide ECC but has contracted with a Nurse to provide the services as needed. Review of the file provided for the ECC (extended congregate care) Nurse at 10:30 AM, revealed there was no signed agreement between the Nurse and the facility to provide ECC services to the residents as needed.

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The Administrator agreed there was no signed agreement with the Registered Nurse and said she would obtain it and fax it to the surveyor. The facility did not fax an agreement to the surveyor.

Class III

E210-ECC - Training 58A-5.0191(7) FAC

Based on record review and interview, the facility failed to ensure that all direct care staff providing care to residents in a facility that offered ECC (extended congregate care) had completed at least 2 hours of in-service training, within 6 months of beginning employment in the facility, for 1 of 2 sampled employees (Staff B).

The findings included:

Review of the personnel file for Staff #B revealed a hire date of [redacted] as a part-time employee who became a full time employee on [redacted]. There was no evidence staff B was trained in ECC concepts, requirements, statutory & rule requirements or the delivery of care & supportive services in an ECC facility.

Interview with the Administration revealed she verbally teaches all her staff in ECC concepts but there is no documentation of this.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Sara's House, Inc
1567 NE 46th Street
Oakland Park, FL 33334

Dear Administrator:

This letter reports the findings of a state licensure survey with Extended Congregate Care that was conducted on 2013 a by representative from 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 (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after 2013 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

