STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953250	04/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Homestead Retirement	1117 Massachusetts Avenue Saint Cloud, FL 34769	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments
Complaint inspection #2014005086 was conducted on . . . Homestead Retirement had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and interview the facility failed to offer personal supervision as appropriate for 1 of 3 sampled residents (#2), including a general awareness of the resident's whereabouts and failed to contact the police timely after a resident did not return to the facility; failed to ensure medications were given as ordered by the healthcare provider.

Findings:

News report on . . . indicated a woman, , left the Homestead Retirement Home on Massachusetts Avenue on foot Saturday headed toward the St. Cloud Library, the police were called to the home around 5:30 PM because she did not return. She was prescribed medication that she had not taken.

Review of the Saint Cloud Police report on . . . at approximately 10:30 AM revealed the facility called on . . . at 5:33 PM to report that resident #2 was missing since . . . at 2:30 PM. According to the police report the resident was found by the St. Cloud Police at a local hospital on . . . at 10:40 PM. The next day , the resident called the police and requested to be taken to the crisis unit in Park Place Behavioral. When they arrived to take her; she had left the hospital. The report indicated the staff said the resident had been without medication for 4 days.

Resident record review at approximately 1 PM for resident #2 revealed she was admitted to the facility on . . . She was discharged from a behavioral facility in Daytona, where she had been homeless. The discharge report indicated to follow up with a healthcare provider or can schedule an appointment at a local behavioral hospital. Prescription dated listed

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15 mg one twice a day, 150 mg one in 8 AM, HBR 40 mg daily, 100 mg 2 tabs at bedtime and Divalporex (Used to treat bi-polar Sod ER 500 mg at bedtime.

The health assessment report AHCA form 1823 dated listed diagnosis of Post Distress and She had no sensory or physical limitations, was capable of following/understanding rules of the facility, capable of preservation in emergency situations and no special precautions were needed.

The facility notes indicated that on:

7-3 new resident moved in

3-11 new resident in

3-11 shift resident "went out at 2:30 and she is still not home. All else is well".

11-7 shift resident #2 "went out at 2:30 PM and now it's 5:23 AM and she still not home."

7-3 shift resident #2" still not home".

The Medication Observation Record (MOR) dated listed

15 milligrams (mg) one twice daily at 8 AM & 8 PM

150 mg one at 8 AM had staff initials circled on and

HBR 40 mg at 8 AM had staff initials circled (an indication the medication was not given) on and

100 mg 2 tabs at bedtime 8 PM

Divalporex Sod ER 500 mg at bedtime had a an arrow on 4/9, and and was blank from to

The back page of the MOR indicated on "waiting on availability of meds, re

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insurance."

Review of the resident's medications revealed all had a prescription label dated .

During an interview with the assistant administrator on at approximately 3:30 PM revealed the resident had medications when she moved in. The facility owner brought medications for the resident; so she would not run out. That was why they were all dated . She was not at work the day resident #2 left but they called her about it. She instructed the staff to call the police. The staff that circled her initials and told the police the resident had not taken her medications was probably , nervous and gave the wrong information, she was new.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC Based on record review and interview the facility failed to submit to the Agency the 1 and 15 day reports for 2 of 2 incidents where the police was called regarding a missing resident (#2) and to report an unknown individual at the facility.

Findings:

News report on indicated a woman, , left the Homestead Retirement Home on Massachusetts Avenue on foot Saturday headed toward the St. Cloud Library, but police were called to the home around 5:30 PM because she did not return. The resident was described as a white female, 5' 3" tall and approximately 180 pounds with sandy brown hair and brown eyes. She was last seen wearing a pink shirt, blue jean shorts, a white seashell necklace and black sunglasses. Her health required her to take medications which she did not have. She was entered into state and national databases as a missing/endangered adult. Anyone with information call the St. Cloud Police Department 407-891-6700.

According to the St Cloud Police report the facility called on at 5:33 PM to report that resident was missing since at 2:30 PM. The resident was found by the St Cloud Police at a local hospital on at 10:40 PM. The resident called the police the next day and requested to be taken to the crisis unit in Park Place Behavioral. When they arrived to get her; she had left the hospital.

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An incident report dated [redacted] at 10 AM noted there was a strange/unknown individual/"some guy" was hanging outside, wanting to come into the facility. He said he lived there and then he said he worked there. After asking the residents if anyone knew him; the staff called the police.

In an interview with the assistant administrator on [redacted] at approximately 10 AM, who stated that she had not been able to submit the day adverse report because, she did not have the password to access the website. She attempted to submit it by fax but it was not accepted.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Homestead Retirement
1117 Massachusetts Avenue
Saint Cloud, FL 34769

Dear Administrator:

Re: CCR #2014004086

This letter reports the findings of a state licensure complaint investigation survey that was conducted on 29, 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 , **2014,** 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

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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