

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968678	(X3) DATE SURVEY COMPLETED 08/27/2014
NAME OF PROVIDER OR SUPPLIER Home Sweet Home	STREET ADDRESS, CITY, STATE, ZIP CODE 1613 Monroe Sheffield Rd Chipley, FL 32428	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0076 - 58a-5.0186 Fac - S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0181 - 58a-5.026(2) Fac - Emergency Mgmt - Plan Approval S-S= D

0000-Initial Comments

An announced initial licensure with Limited Mental Health (LMH) was conducted on . 2014 at Home Sweet Home Assisted Living Facility in Chipley, Florida. Deficiencies were found at the time of the survey.

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC

Based on record review and interview with the facility administrator, it was determined the facility failed to develop a detailed written policy and procedure for responding to resident elopement.

The findings include:

On at approximately 11:00am an interview with the facility administrator revealed she had no policy or procedure for elopement response. The administrator stated at this time she was not aware that she had to have a written policy and procedure for elopement response.

Class III

0076 58A-5.0186 FAC

Based on record review and interview with the facility administrator, it was determined the facility failed to develop a detailed written policy and procedure for RO's

The findings include:

On at approximately 11:15am an interview with the facility administrator revealed she had no policy or procedure for RO's. The administrator stated at this time she was not aware that she had to have a written policy and procedure for RO's but that she was aware of what a was.

Class III

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0090-Training - 58A-5.0191(11) FAC

Based on record review and interview with the facility administrator revealed the facility failed to obtain training related to CQ's

The findings include:

On 8/27/2014 at approximately 11:15am an interview with the facility administrator revealed she had no policy or procedure for CQ's. She stated at this time that she was not aware that she had to have a written policy and procedure for CQ's but that she was aware of what a CQ was. She stated she had not had any training nor could she provide documentation of receiving training related to CQ's.

Class III

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

Based on record review and interview with the facility administrator, the facility failed to provide documentation of approval of their emergency plan.

The findings include:

On 8/27/2014 at approximately 11:14am interview with the administrator revealed she had the emergency plan approved by the County; however, she was not able to locate the plan during the survey. She left the facility to search for it at another location at approximately 11:15am. the administrator returned at approximately 12:00pm and stated she could not find the approved plan and would have to obtain another copy from the County.

Class III



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

2014

Administrator
Home Sweet Home
1613 Monroe Sheffield Rd
Chipley, FL 32428

Dear Administrator:

This letter reports the findings of an initial state licensure survey that was conducted on 27, 2014 by a representative 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 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. Should you have any questions please call me at 850-412-4540.

Sincerely,


Sarah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure

XG90

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