

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967464	(X2) DATE SURVEY COMPLETED 02/18/2015
NAME OF PROVIDER OR SUPPLIER Josephine's Home Away From Home	STREET ADDRESS, CITY, STATE, ZIP CODE 1407 E Holland Ave Tampa, FL 33612	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - Initial Comments

St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

Assisted Living Facility

A Complaint investigation CCR#2014012104 was conducted on

The Josephine's Home Away from Home had deficiencies found at the time of this visit.

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

Based upon interview & record review the facility failed to maintain an accurate medication record (MOR) for 1 (6) of 3 residents reviewed.

Findings Include:

A review of the 2014 MOR & medication orders for resident #6 revealed that the orders for the Residents .25mg. were in error.

The medication orders dated noted the resident was to take
0.25mg tab twice daily & take 1 .25mg. tab every 12 hours as needed for mood.

The 2014 MOR reflected the resident had a medication change on 1/ of .25mg. take 1 tab twice daily however the MOR doesn't indicate the additional dosage of 1 tab every 12 hours as needed for mood.

During interview (3 p.m.) the administrator acknowledged the changes to the MOR were not reflected as ordered

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Josephine's Home Away From Home
1407 E Holland Ave
Tampa, FL 33612

RE: CCR #2014012104

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on
, 2015 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 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 **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

PRC

Patricia Reid Cauffman
Field Office Manager

PRC/clt

Enclosure: State (5000-3547) Form

