

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/22/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968127	(X3) DATE SURVEY COMPLETED 06/08/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

An unannounced Relicensure survey with Extended Congregate Care was conducted on _____ at Sara's House Inc. The facility had deficiencies found at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the assisted living facility (ALF) failed to ensure a resident's Health Assessment form (AHCA form 1823) was accurate and reflective of their current care needs and services, for 2 out of 2 residents (Resident # 2 and # 3) .

The findings include:

On _____, a review of Resident # 2's file revealed an admission date of _____. Resident # 2's last medical exam is dated for _____ with the following diagnosis: _____, chronic pain, _____, seborrheic keratosis, agitation, unsteady gait, and incontinence of the _____. Record review of Resident # 2's hospice file revealed she is currently receiving Hospice Services since _____ with a hospice diagnosis of _____. However, Resident # 2's Hospice file found no Interdisciplinary Care Plans.

On _____, a review of Resident # 3's file revealed an admission date of _____. Resident # 3's last medical exam is dated for _____ with the following diagnosis: _____, history of _____, artery _____, and _____. Record review of Resident # 3's hospice records revealed he is currently receiving Hospice Services since _____ with a hospice diagnosis of _____ and _____. However, Resident # 3's AHCA 1823 found no indication of hospice care and no hospice diagnosis. Resident # 3's Hospice file found no Integrated Care Plan and no Interdisciplinary Care Plans.

During an interview with Staff A on _____, she acknowledged that both residents were currently enrolled into hospice and receiving services. She stated no further information is available due to the ALF Administrator's absence and unavailability.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review and interview, it was determined the facility failed to have the use of physical _____, which includes half bed rails reviewed by the resident's physician annually, for 1 out of 2 sampled residents' records reviewed (Resident # 2) .

The findings include:

During a tour of the facility on _____ at approximately 9:30 AM, Resident # 2 was seated in the facility 's den.

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Observations of Resident # 2 's . . . her bed against the wall with one half bed rail positioned down. Immediately after observations, an interview was conducted with Staff A at 9:45 AM. Staff A stated the bed rails are used when Resident # 2 is in the bed. She further stated that Resident #2 is unable to avoid the bed rails without assistance and unable to remove the device. On . . . a record review of Resident # 2's file revealed an admission date of . . . and no physician order for the use of half bed rails.

During an interview conducted on . . . with Staff A at 2:15 PM, she stated the Administrator is out of the country and unavailable by telephone. Staff A stated she is in charge of the facility until the Administrator returns. Staff A stated she could not locate Resident # 2 's physician order for ½ bed rails. On . . . at 2:15PM, she acknowledged the findings and stated no further documentation was available for review.

Class III

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

Based on record review and interview, it was determined the facility failed to ensure that all staff members had completed the required in-service trainings within 30 days of hire, for 2 out of 2 sampled staff records reviewed (Staff A and Staff B).

The findings include:

Record review of Staff A's personnel record revealed her date of hire was . . . and Staff B's date of hire was . . . Further review revealed Staff A and Staff B's file lacked documentation indicating the employees had completed the following in-service trainings: Resident Rights, Emergency Preparedness and Evacuation, and Elopement. Further record review found Staff B's file lacked documentation of training in Nutrition and Safe Food Handling.

In an interview with Staff A on . . . at approximately 2 PM, she acknowledged the findings. She stated no further documentation was available for review.

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 that 1 out of 2 staff members (Administrator) received the initial 4-hour training on Assistance with Self-Administered Medication and Medication Management.

The Findings Include:

In an interview conducted on . . . at 10:15 AM, Staff A, a Home Health Aide (HHA) stated that she would be

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the person responsible for assisting residents with medication. Observations on at 1 PM, found Staff A assisting a resident with self- administration of medications.

Record review of Staff A's employee file, revealed no documentation of training on Assistance with Self-Administered Medication and Medication Management. During an interview conducted on at 1:35 PM, Staff A stated she has completed the annual 2 hour update in medication assistance training , but does not recall completing the initial 4 hour training.

On , Staff A acknowledged the finding and stated no further information was available for review.

Class III

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

Based on record review and interview, it was determined the facility failed to ensure that all staff members had completed the required in-service training within 30 days of hire, for 2 out of 2 sampled staff records reviewed (Staff A and Staff B).

The findings include:

Record review of Staff A's personnel record revealed her date of hire was and Staff B's date of hire was Further review revealed Staff A and Staff B's file lacked documentation indicating the employees had completed the following in-service training: During a staff interview on with Staff B, she revealed she did not know what a was.

In an interview with Staff A on at approximately 2 PM, she acknowledged the findings. She stated no further documentation was available for review.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the assisted living facility failed to ensure 1 out of 2 (Resident #2) sampled residents record reviewed who receive assistance with self-administration by unlicensed staff have a completed informed consent form.

The findings include:

On a record review of Resident #2 revealed she was admitted to the facility on The record review lacked an informed consent for unlicensed staff to assist with medications. Further record review found

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Resident #2 had a medication observation record which was being completed by unlicensed staff.

In an interview with the Staff A on _____ at approximately 2 PM, Staff A acknowledged the finding and stated the consent for unlicensed staff to assist with medications could not be located after searching through all facility records. She stated Resident #2 receives assistance with medication from unlicensed staff and no further information was available for review.

Class III

0164 - Records - Inspection Availability - 58A-5.024(4) FAC

Based on record review and interview the facility failed to ensure the availability of records for inspection.

The findings include:

On _____, during employee record reviews, Staff C's (Administrator) file could not be located.

On _____, record reviews of Resident # 2 and # 3 found no resident contracts, no informed consents for unlicensed staff to assist with self- administration of medications, and no physician orders for the use of half bed rails.

In an interview on _____ with Staff A, a home health aide (HHA), she stated the Administrator is currently out of the country due to a family emergency and she is unavailable by phone. Staff A stated she could not locate all requested records or documentation. Staff A stated the Administrator left her in charge of the facility, but she does not have access to all records required for inspection. On _____, Staff A acknowledged the findings.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility failed to offer and maintain a contract for execution by the resident or the resident 's legal representative before or at the time of admission, for 2 out of 2 resident records reviewed (Resident # 2 and Resident # 3).

The findings include:

On _____, record reviews found Resident # 2 's admission date of _____ and Resident # 3 's admission date of _____. Further record review of Resident # 2 and Resident # 3 found no resident contracts.

In an interview with Staff A on _____ at 2:15 PM, she stated the Administrator is currently out of the country and unavailable by phone. Staff A stated she is in charge of the facility until the Administrator returns. Staff A stated she was unable to locate Resident # 2 's and Resident # 3 's file after searching through the facility 's records. At 2:15 PM, Staff A acknowledged the findings and stated no further information was available for review.

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Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on 2015 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. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct an on-site visit 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Ariene Mayo-Davis
Field Office Manager

AMD
Enclosure

