

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11968127	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 8/13/2015
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Name of Facility SARA'S HOUSE, INC	Street Address, City, State, Zip Code 1567 NE 46TH STREET OAKLAND PARK, FL 33334
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed	ID Prefix A0164 Reg. # 58A-5.024(4) FAC LSC	Correction Completed	ID Prefix A0167 Reg. # 58A-5.025 FAC LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By <i>M</i>	Reviewed By <i>8/27/15</i>	Date: <i>8/27/15</i>	Signature of Supervisor: <i>[Signature]</i>	Date: <i>8/26/15</i>
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
CMS RO				

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/27/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968127	(X3) DATE SURVEY COMPLETED R 08/13/2015
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 follow-up to the licensure survey was conducted at on _____ at Sara's House Inc. Assisted Living Facility with Extended Congregate Care component. The facility had uncorrected deficiencies found at time of the survey.

0010 Admissions - Continued Residence

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 1 out of 2 residents (Resident # 3).

Findings included:

On ____ / ____ / ____ 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.

On ____ / ____ / ____ at 1:25 PM Administrator stated, " I will contact the Doctor and will have him update the AHCA form 1823 properly".

Class III Uncorrected

0030 Resident Care - Rights & Facility Procedures

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 2 out of 2 sampled residents' records reviewed (Resident # 2 and #3) .

Findings included:

During a tour of the facility on ____ / ____ / ____ at approximately 12:30 PM, observations of Resident # 2 _____ her bed against the wall with one half bed rail positioned down. Staff A stated the bed rails are used when Resident # 2 is in the bed. On ____ / ____ / ____ , a record review of Resident # 2's file revealed an admission date of ____ / ____ / ____ and physician order for the use of half bed rails. A current physicians order for use of half bed rails was not found in her record.

During tour of Resident #3's _____ half bedrail positioned down was observed. Record review revealed a signed consent for half bed rails in his record dated ____ / ____ / ____ . However, a current physicians order for use of half rails was not found in his record.

On ____ / ____ / ____ at 1:29 PM Administrator stated, " I will contact the Doctor and will have him re-write the order for the bedrails."

Class III Uncorrected

0081 Training - Staff In-Service

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**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

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's within 30 days of hire, for 2 out of 2 sampled staff records (Staff A and Staff B).

Findings Included:

On record review of Staff A personnel record revealed date of hire was / and Staff B's date of hire was / . Further review revealed Staff A and Staff B's file did not contain documentation indicating Staff A and Staff B had completed the following in-service training's: Resident Rights, Emergency Preparedness and Evacuation, and Elopement.

On / at 1:25 PM Administrator stated, " I will review the employee files and make sure the required in-services are completed. "

Class III

Uncorrected

0084 Training - Assis Self-Admin Meds & Med Mamt

Based on record review and interview, the facility failed to ensure that one out of three sampled staff members (Staff A) received the initial 4-hour training on Assistance with Self-Administered Medication and Medication Management.

The Findings Included:

Record review of Staff A (hire date) employee file, revealed no documentation of the initial four hour training on Assistance with Self-Administered Medication and Medication Management.

During an interview conducted on / 15 at 1:45 PM, Staff C stated she would schedule the initial four hour training for Staff A as soon as possible. " Staff C confirmed Staff A assist residents with their self-administered medications.

Class III

Uncorrected

0090 Training -

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 two out of two sampled staff records reviewed (Staff A and Staff B).

Record review on of Staff A (hire date) and Staff B (hire date /) personnel file revealed both files did not documentation indicating the employees had completed the following

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**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

in-service training: ().
On 08/14/15 at 1:25 PM Administrator stated, " I will review the employee files and make sure the required in-services are completed. "
Class III
Uncorrected



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

January 15, 2015

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

Dear Administrator:

This letter reports the findings of a state licensure revisit that was conducted on January 15, 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 and a State Form Revisit Report, 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 attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than January 22, 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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/dlt
Enclosure

XG90

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