STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968143	R
NAME OF PROVIDER OR SUPPLIER **A WELCOME HOME IN ENGLEWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **2015 E DOLPHIN DR** **ENGLEWOOD, FL 34223**	

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

0000 Initial Comments

An unannounced revisit survey was conducted on at A Welcome Home, an Assisted Living Facility in Englewood, Florida. This was a follow-up to the Biennial survey completed on / /.

One of the two previous deficiencies were found not to be corrected. The following is a description of the deficiencies found at the time of the revisit.

0010 Admissions - Continued Residency

Based on interview and record review, the facility failed to ensure the completeness of AHCA form 1823 for 1 (Resident #1) of 1 resident.

The findings included:

Record review on found Resident #1 had a new AHCA form 1823 completed on / after a significant change. The section of form 1823 requesting current medications had a handwritten note stating see attached. No attachment of current medications was found. In addition, section on 1823 for provider to indicate the type of assistance the resident required with the administration of medication was left blank.

During an interview with the Administrator on / at 9:00 a.m., it was verified that there was no attached medication list on the 1823 and that the indication for medication assistance was left blank. The Administrator stated they would have form updated today.

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11968143 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
A WELCOME HOME IN ENGLEWOOD	2015 E DOLPHIN DR ENGLEWOOD, FL 34223

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # 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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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) [signature]	DATE 3-31-16	SIGNATURE OF SURVEYOR [signature] Dawn White, RN	DATE 3-31-16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 1/21/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

 EVENT ID: 4L1C12

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
A Welcome Home In Englewood
2015 E Dolphin Dr
Englewood, FL 34223

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on 28, 2016 by representatives of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiency corrected during the visit, and the uncorrected deficiency that was identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , , 2016.**

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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form and Revisit Report

YOSF

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Fort Myers, FL 33901
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