

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/23/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968678	(X3) DATE SURVEY COMPLETED 05/09/2016
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

On 2016 a biennial relicensure survey with Limited Mental Health (LMH) was conducted at Home Sweet Home Assisted Living Facility. Deficient practice was identified during the survey.

0010 Admissions - Continued Residency

Based on interviews, observations and record reviews, the assisted living facility failed to ensure that 1 of 2 residents reviewed (Resident #5) received a face -to-face examination and update the Health assessment form (AHCA Form 1823) after a significant change in the resident's diagnosis.

Findings include:

- 1) During an observation on 5/9/16 at 4:56 pm, Resident #5 was sitting on his bed with an nasal cannula in his nose. There were two small tanks observed on the floor beside his bed.
- 2) During an interview on 5/9/16 at 4:56pm, Resident #5 reported that he had received the oxygen after he left the hospital. He stated he put the nasal cannula in his nose and the oxygen is set permanently at 1 liter.
- 3) During an interview on 5/9/16 at 5:40 pm, the Administrator stated that Resident #5 was admitted in the hospital for breathing issues and discharged on 5/9/16. The Administrator reported that the Resident #5 was diagnosed with COPD (Chronic Obstructive Pulmonary Disease - a lung disease) at the hospital and prescribed inhalers. The Administrator confirmed that Resident #5 did not have a face-to face examination with a health care provider after his change in medical condition. Also, there was no updated health assessment form (AHCA Form 1823) in Resident #5's record.
- 4) A review Resident #5's record revealed that he was admitted to the facility on 5/9/16. His health assessment form (AHCA Form 1823) dated 5/9/16 showed that the resident did not have a diagnosis of COPD upon admission.

0078 Staffing Standards - Staff

Based on interviews and record reviews, the assisted living facility failed to ensure 3 of 3 staff members (Administrator, Staff A and Staff B) communicable status were documented by a health care provider. Also, the assisted living facility failed to ensure 2 of 3 staff members (Administrator and Staff A) had an annual negative status.

Findings include:

- 1) A review of staff member's personnel records revealed the following:
The Administrator, Staff A and Staff B was hired at the facility on 5/1/15.
The Administrator's communicable status dated on 5/9/16 was signed by a Licensed Practical nurse (LPN). The Administrator's last negative status was dated on 5/9/16. There was no updated negative status in her records.

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Staff A's communicable status dated on / / was signed by a Licensed Practical nurse (LPN). Staff A's last negative status was dated on / / . There was no updated negative status in her records.

Staff B communicable status was dated on and signed by a Registered Nurse (RN).
2) During an interview on at 11:15 AM, the administrator reported that she and Staff A always goes to the Health Department to have the examination and the LPN documented the communicable status. She stated Staff B went to another health care facility to get her examination and communicable status. The Administrator confirmed that she and Staff A had not received their annual negative status.

Class III

0080 Training - Core & Competency Test

Based on interviews and record reviews, the assisted living facility failed to ensure the Administrator received 12 hours of continued education every two years.

Findings include:

- 1) A review of the Administrator's personnel record revealed her last 12 hours of continued education was received in 2014. Eight (8) hours of in Limited Mental Health training was obtained on . The records lacked evidence of additional hours of continued education in the year of 2016.
- 2) During an interview on / / at 11:15 AM, the administrator confirmed she did not have any additional continued education training hours

Class III

0081 Training - Staff In-Service

Based on interview and record review, the assisted living facility failed to ensure 1 of 3 staff member 's (Staff A) completed the appropriate 3 hours of in- service training in Resident behavior and needs and providing assistance with the activities of daily living (ADL).

Findings include:

A review of Staff A 's personnel file revealed a hire date of . Staff completed only 1 hour of in-service training in Resident behavior and needs and providing assistance with the activities of daily living (ADL) on / / .

During an interview on / / at 11:15 AM, the administrator reported she was still learning and did not know.

Class III

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L241 LMH - Records

Based on interviews and record reviews the assisted living facility failed to ensure a maintained admission and discharge log that clearly identified the limited mental health (LMH) residents. The assisted living facility failed to ensure 1 of 2 LMH residents (Resident #5) had a community living support plan. Also, the facility failed to ensure a agreement was provided for 1 of 2 LMH residents (Resident #6).

Findings include:

- 1) A review of the admission and discharge log revealed the LMH residents were not identified.
- 2) During an interview on at 10:28 am, the Administrator confirmed she did not identify the LMH residents on the admission and discharge log. The Administrator reported that resident #5 and Resident#6 were LMH residents. She stated she was still learning and asked the surveyor to show her where to document the LMH residents on the admission and discharge log.
- 3) A review of Resident #5's records revealed he was admitted to the facility on / . A agreement located in file was signed and dated on / . His records lacked evidence of a community living support plan.
- 4) A review of Resident#6's records revealed he was admitted to the facility on 11/7//14. A community living support plan located in file was signed and dated on . His records lacked evidence of a agreement.
- 5) During an interview on / at 11:30 am, the Administrator confirmed that the Resident#5's community living support plan was not in his record. Also, Resident#6's agreement was not in his record.

Class III

L243 LMH - Training

Based on interviews and record reviews the assisted living facility failed to ensure 2 of 3 staff members (Staff A and Staff B) received the 3 hours of Limited Mental Health (LMH) continued education training as required biennially.

Findings include:

- 1) A review of Staff A's personnel record revealed a date of hire on / and an initial 8 hours of LMH training dated / . The record lacked evidence of the 3 hours of LMH continued education training.
- 2) A review of Staff B's personnel record revealed a date of hire on and an initial 6 hours of LMH training dated / . The record lacked evidence of the 3 hours of LMH continued education training.
- 3) During an interview on at 11:30 am, the Administrator confirmed that Staff A and Staff B did

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not have the 3 hours of LMH continued education training in their personnel records.
Class III

Z813 Results of Screening & Notification in File

Based on interview and record reviews the assisted living facility failed to ensure 2 of 3 staff members (Staff A and Staff B) completed and signed the Attestation of Compliance form upon hire.

Findings included:

- 1) A review of Staff A's personnel record revealed a date of hire on [redacted]. The record lacked evidence of the signed Attestation of Compliance form.
- 2) A review of Staff B's personnel record revealed a date of hire on [redacted]. The record lacked evidence of the signed Attestation of Compliance form.
- 3) During an interview on [redacted] at 11:30 am, the Administrator confirmed that Staff A and Staff B did not have a signed Attestation of Compliance form in their records. She stated she is still learning and did not know they had to complete the form and keep in their records.

Unclassified

Z814 Background Screening Clearinghouse

Based on interview and record review, the assisted living facility failed to maintain the employment status of all employees within the clearinghouse. Specifically, the provider failed to ensure all employees were listed on the background screening (BGS) clearinghouse employee roster.

Findings include:

- 1) A review of the BGS clearinghouse website provider's account information revealed that the provider did not have any employees listed on the employee roster.
- 2) During an interview on [redacted] at 10:28 am, the Administrator stated she has only been on the BGS clearinghouse provider's website once. She confirmed that she did not complete the employee roster.

Unclassified

Z815 Background Screening: Prohibited Offenses

Based on interview and record review, the assisted living facility failed to ensure 1 of 3 staff member (Staff A) was rescreened for a Level II background screening (BGS) as required.

Findings include:

- 1) A review of Staff A's personnel records revealed a date of hire as [redacted]. Level II BGS documentation indicated Staff A's BGS was eligibility as of [redacted]. There was no documentation of a completed rescreening prior to [redacted], 2015 as required.

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2) A review of the BGS clearinghouse status website revealed that Staff A's last screening was completed on / / and there was no clearing house screening available. The AHCA Provider/Facility Licensure determination showed a new screening is required.

3) During an interview on : at 10:28 am, the Administrator reported that she was not aware that Staff A needed to be rescreened.

Unclassified



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

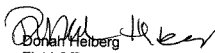
Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 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 , 2016.** 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 surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,


Donald Helberg
Field Office Manager

DH/dh
Enclosure

XG90

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