

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/22/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968678	(X3) DATE SURVEY COMPLETED 09/12/2016
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 complaint investigation for allegations contained within CCR#2016009833 was conducted at Home Sweet Home Assisted Living Facility, license#12572 . There were deficiencies identified at the time of the visit.

0079 Staffing Standards - Levels

Based on observation, record review, and interviews, the assisted living facility failed to ensure that at least one staff member was in the facility providing supervision to 6 of 9 residents. Also, the facility failed to maintain the appropriate amount of staffing hours per week for a census of 9 residents.

Findings include:

- 1) On at 9:00 am the surveyor entered the facility property and observed Resident #1 who was sitting in a wheelchair on the front porch of the facility. A painter was observed painting the door of the facility. Resident #1 reported that there were no staff members at the facility. Resident #1 reported Staff A was at her home and the Administrator had left the facility earlier that morning. The painter reported he was not a staff at the facility and was only painting at the facility. He offered to go get Staff A and was observed walking to the home on the contiguous property.
- 2) On at 9:10 am Staff A was observed walking from the home on the contiguous property to the facility. Staff A stated she went to her home to obtain her keys and check book. She reported there were 6 residents in the facility. She reported she does not leave the facility that often to go to her home.
- 3) During an interview on at 10:42 am, the Administrator reported staff should not leave residents alone unless there is a qualified staff in the facility.
- 4) A review of the 2016 staffing schedule revealed each week in equaled a total of 167 hours. A total of 216 is required for a census of 9 residents.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016009833

Dear Administrator:

This letter reports the findings of a state licensure complaint 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,

Kristi Conspence
For Donah Heiberg, M.S.W.
Field Office Manager

DH/kc
Enclosure

XG90

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone: 850-412-4540; Fax: (850) 922-9162
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida