Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967426	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELCOME HOME ALF	8950 SW 215TH TERRACE CUTLER BAY, FL 33189

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An Abbreviated State Re-licensure Survey was conducted in your Assisted Living Facility on . Census was 5 residents. Welcome Home ALF had deficiencies found at the time of the survey.	A 000		
A 010 SS=D	58A-5.0181(4) FAC Admissions - Continued Residency (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph. After the effective date of this rule, providers shall have up to 12 months to comply with this requirement. (a) The resident may be bedridden for up to 7 consecutive days. (b) A resident requiring care of a pressure may be retained provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident ' s record; and 3. If the resident ' s condition fails to improve	A 010		

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A 010	Continued From page 1 within 30 days, as documented by a licensed health care provider, the resident shall be discharged from the facility. (c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed; 2. Continued residency is agreeable to the resident and the facility; 3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service permitted under the facility ' s license and total help with the activities of daily living; and 4. Documentation of the requirements of this paragraph is maintained in the resident ' s file. (d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility. (e) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. (5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident ' s needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S.	A 010		

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A 010	Continued From page 2 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility retained resident (#5) requiring care of a pressure without documenting the condition in resident ' s records. Furthermore, based on record review and interview the facility failed to discharge resident that no longer met admission criteria (#5). Findings include: Demographic record review found that R#5 was admitted to the facility on and was not a Hospice resident. Record review of resident #5's file revealed that on a Home Health Agency (HHA) Registered Nurse (RN) conducted an assessment and found that resident #5 had a sacral that was measured as follows: 4cmx2cmx0.2cm. Dressing began on a daily basis. On RN notes indicated the following: that measured as follows: 3.5x2x0.2. On following was documented by HHA Registered Nurse (RN): sacral that measured as follows: (3cmx2cmx0.1cm). On the following was documented: sacral (2cmx2cmx0.1cm). On Registered Nurse (RN) on file stated the following: resident #5 had a in sacral area 2.7x2x0.1cm. On RN documentation stated that Resident #5 had a 2.7x2x0.1 cm. On RN documented that Resident #5 had in the sacral area 3x2x0.1. Telephone interview with the Registered Nurse that works for the Home Health Agency and is responsible for the dressings took place on	A 010		

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A 010	Continued From page 3 at 12:25 pm. He stated that that morning had assessed the and it was a measured as follows: 5x4x0.2 cm. He expected that the will heal completely. Facility's progress notes review revealed that there was no documentation on resident #5 ' s file indicating the development of and III . Furthermore, there was no rotation log. When administrator was questioned on at 1:00 p.m. of the frequency of rotations he stated that they rotated resident #5 all the time. Interview with the facility's administrator that took place on at 1:30 p.m., acknowledged that indeed there was no documentation on the resident' file indicating the development of and III with complete measurements. He stated was not aware of the requirement. Class III	A 010		
A 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable including . Freedom from must be documented on an annual basis. A person with a positive test must submit a health care provider ' s statement that the person does not constitute a risk of communicating . Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to	A 078		

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A 078	Continued From page 4 have, or is suspected of having, a communicable , he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C. (d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility shall: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and 2. Maintain time sheets for all staff. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that 2 out of 3 (#1 and 2) sampled staff members have an annual freedom from statement. Findings include:	A 078		

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A 078	Continued From page 5 Record review found that staff #1 communicable statement had expired on . Staff #2's communicable statement including had expired on . Interview with administrator on at 1:35 p.m. verified that these were the current statement of communicable including available. Class III	A 078		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Heal Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Welcome Home Alf
8950 Sw 215th Terrace
Cutler Bay, FL 33189

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , by representative(s) of this office.

Attached is the provider's copy of the State (3020) 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.

Staff from this office will conduct a review after 10/16/2012 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 surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton

for Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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