State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11967918	A. Building B. Wing	11/27/2012

Name of Facility	Street Address, City, State, Zip Code
HOME AWAY FROM HOME	324 LYMAN PL WEST PALM BEACH, FL 33409

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 A0010 Reg. # 58A-5.0181(4) FAC LSC	Correction Completed	ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC	Correction Completed	ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed
ID Prefix A0181 Reg. # 58A-5.026(2) FAC LSC	Correction Completed 11/27/2012	ID Prefix Reg. # LSC	Correction Completed	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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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By V. J. Smith	Date: 12/13/12	Signature of Surveyor: V. J. Smith for TIKEL WEDGES - PIKENIX	Date: 12/13/12	
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:	

Followup to Survey Completed on:
9/11/2012

Check for any Uncorrected Deficiencies. Was a Summary of -2567) Sent to the Facility? YES NO

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
	AL11967918	A. BUILDING _____ B. WING _____	R

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{A 000}	Initial Comments An Assisted Living Facility standard relicensure revisit survey was conducted on [redacted] Home Away From Home, had an uncorrected licensure deficiency found at the time of the visit, A 0025. The facility also had an additional deficiency issued at time of the visit, A 0054. The following deficiencies were corrected during the relicensure revisit survey: A 0010, A 0030, A 0162 & A 0181.	{A 000}		
{A 025} SS=D	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection	{A 025}		

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{A 025}	Continued From page 1	{A 025}		

58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, it was determined the facility failed to ensure care and services were provided to a resident as ordered by the physician for 2 out of 7 sampled residents (Resident #4 & #7).

The findings include:

a) During the relicensure survey conducted on 09/1 #4's file was reviewed. The following was noted: Resident #4's health assessment dated 07/1 the residents medical diagnosis as diabetes II, HIV SCPT, of Resident #4's MORs (Medication Observation Records) for the month of August September documented the following orders: Novolin 100 units-inject sub Q 5 units 3 times a day, as per sliding scale. An interview with the Administrator at 11 AM on 09/1 no accuchecks novolin provided to the resident. According to the Administrator, this order was discontinued (date unknown). Further record review and interview with the Administrator revealed the facility did not have an discontinue order for this medication.

During the revisit survey conducted on 11/2 Resident#4's file was reviewed for compliance with the following order dated 07/1:
100 units-inject sub Q 5 units 3 times a day as per sliding scale. Record review failed to indicate any documentation that the resident received this

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{A 025}	Continued From page 2	{A 025}		

medication and as ordered by the physician for through 2012. During an interview with the Administrator at 10:40 AM on she revealed Resident #4 is not receiving this medication because it was discontinued by the physician. Upon request of documentation from Resident #4's physician indicating the medication order was discontinued, the Administrator revealed she did not have a current order.

b) Record review of Resident #7's file revealed an admission date of Upon request of Resident #7's health assessment completed by the resident's physician, it was revealed by the Administrator that the resident is scheduled to see the the physician next week in which a health assessment will be completed, within the 30 day requirement. Further review revealed a physicians order dated for the following: to be monitored for 2 weeks by home health. Upon request of documentation from the Administrator indicating this service was provided to the resident, it was revealed the resident did not receive this care as ordered.

This remains an uncorrected deficiency from the survey.

Class III

A 054 SS=D	58A-5.0185(5) FAC Medication - Records	A 054		

(5) MEDICATION RECORDS.
(a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s

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A 054	Continued From page 3	A 054		

name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use.
(b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered.
(c) For medications which serve as chemical the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication.

This Statute or Rule is not met as evidenced by:
Based on record review, interview and observation, it was determined the facility failed to ensure that accurate Medication Observation Records (MORs) are maintained for every resident, for 1 out of 7 sampled Residents (Resident #7).

The findings include:

Review of physician orders dated revealed the following orders: 75 ml once a day and Amlopodine 5 mg once a day. During an interview with the Administrator at 11 AM on , a request was made for Resident #7's MORs for the month of 2012 (current

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A 054	Continued From page 4 month) to be provided for review. It was revealed the facility had not maintained MORs for Resident #7 as required. Upon request of the medications as ordered by the physician on it was revealed the facility did not have the medications for the resident. According to the Administrator the only self-administered medication the resident received assistance with was . The bottle was provided, the label read 15 mg - Take one capsule at bedtime. Class III	A 054		

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Home Away From Home
324 Lyman Pl
West Palm Beach, FL 33409

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2012 by a representative from this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies and/or new deficiencies, identified during the revisit.

All deficiencies shall be corrected no later than , 2013.

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,

for Arlene Mayo-Davis
Field Office Manager

AMD/jw
Enclosure

BB17

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Tallahassee, FL 32308
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