STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966983	08/14/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Omega Group Home Inc	1209 Nw 35 Pl Cape Coral, FL 33993	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:
On a Biennial relicensing survey was completed for Omega Group Home an Assisted Living Facility (ALF).

The following is a description of non-compliance:

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure Health Assessments for 1 (Resident #2) of 4 residents included the date of the examination.

The findings include:

Record review for Resident #2 found she was admitted to the facility on The record contained a health assessment. The health assessment was not dated.

On at 1:30 p.m., the Administrator stated she was unaware that the resident's Health Assessment form 1823 was not dated.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on record review and interview, the facility failed to administer medications prescribed and clarify orders for as needed medications for 1 (Resident #2) of 4 residents.

The findings included.

Record review for Resident #2 found a Medication Observation Record (MOR) dated The record documented that the resident has an order for 650 mg take one tablet by mouth every four hours as needed. The order did not document as needed for what. The MOR documented the resident received the medication daily.

On at 1:30 p.m., the Administrator stated she has not requested a clarification of the order.

Record review for Resident #2 found an order for 25 mg take one table by mouth daily (hold for rate <60). The resident's record had no documentation of rate be checked and recorded.

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On at 1:30 p.m., the Administrator stated the resident's rate is not being checked before the resident takes the medication.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on interview and record review, the facility failed to provide required training for 1 (Staff B) of 2 employees reviewed.

The findings include:

On at 11:09 a.m., Staff B stated she has been employed by the facility since 2012. The only training she has received is for , First Aid, and the 4 hour course on assisting with the self-administration of medications.

Record review for staff B found she was hired on . The record contained no verification of having received the required training in Control, Assisting with the Activities of Daily Living and Behavioral Needs, Emergency preparedness and Evacuation, Incident Reporting, Resident's Rights, or Recognizing and Reporting Neglect and

On at 1:30 p.m., the Administrator stated that she has not provided training in the areas of Control, Assisting with the Activities of Daily Living (ADL) and Behavioral Needs, Emergency preparedness and Evacuation, Incident Reporting, Resident's Rights, or Recognizing and Reporting , Neglect and for staff B.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview the facility failed to ensure 1 (Staff A) of 2 employees who assist residents with self-administration of medications receive 2 hours training annually.

The findings include:

Record review for Staff A (Administrator) found the last documentation of training in assisting residents with the self-administration of medications was a 4 hour course completed on

On at 1:30 p.m., the Administration stated the course completed on was the last training she completed. She stated she does assist residents with the self-administration of their medications.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure 2 (Staff A and B) of 2 staff received the

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required (DNOR) within 60 days of training.

The findings include:

Record review for Staff A (Administrator) found she was hired Her record had no documentation of having received the required training in DNOR.

Record review for staff B found she was hired Her record had no documentation of having received the required training in DNOR.

On at 1:30 p.m., the Administrator stated that there is no verification available of DNOR training for herself or staff B.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation, record review and interview, the facility failed to ensure menus are planned at least a week in advanced, the menus are followed and posted. The facility also failed to note substitution prior to or at the time of the meals and that a substitution log is maintained for at least 6 months.

The findings include:

Observation of the noon meal was completed on at 12:30 p.m. The meal that was served was a bologna sandwich with two tablespoons of cole slaw. The residents were also give 3.5 oz. cups of pudding. The residents were served water to drink.

On at 12:30 p.m., the Administrator stated that menus are not posted. She stated that would be Wednesday of the third week cycle for the approved menus. She stated they did not follow the menu. She stated that they do not list or maintain a substitution log.

Record review of the authorized menus for Wednesday of the 3 weeks identifies the noon meal to be 2 oz. of cubed steak, 1/2 cup of mashed potato w/gravy, 1/2 cup of carrot coins, a biscuit w/butter, fruit cocktail, 8 oz. low fat milk, coffee/Tea.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview, the facility failed to maintain a copy of the Power of Attorney (POA) for 1 (Resident #2) of 4 residents.

The findings include:

Record review Resident #2 found the resident contract with the facility was signed by a family member. The record had no documentation that the family member had the POA.

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On [redacted] at 1:30 p.m., the Administrator stated she has asked the family of the required documentation but has not received it.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Omega Group Home Inc
1209 Nw 35 Pl
Cape Coral, FL 33993

Dear Administrator:

This letter reports the findings of a Biennial survey that was conducted on , 2013 by representatives 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. Staff from this office will conduct a review after , 2013 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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