STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964501	08/21/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Our House Alf, Inc.	315 Wainai Drive Merritt Island, FL 32952	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening, Prohibited Offenses S-S= C
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

0000-Initial Comments
Relicensure survey was conducted on [redacted]. Our House had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, record review and interview, the facility failed to follow physician orders for 2 of 6 sampled residents (#1 & 2), and did not document significant changes for 1 of 6 sampled residents (#1).

Findings:

1. Observation on [redacted] at 10:25 AM revealed resident #1 was in bed with [redacted] (O2) on at 3.5 liters (l)/minute per nasal cannula. Record review for resident #1 revealed an Assisted Living Facility Health Assessment (ALF) Form 1823 updated on [redacted] that indicated diagnoses of [redacted] and [redacted]. The resident was independent with eating and ambulation and needed assistance with bathing, dressing, [redacted] toileting and transferring.

Review of physician's orders dated [redacted] revealed O2 at 2 l/minute per nasal cannula continuously. Observation on [redacted] at approximately 10:35 AM and at 3:45 PM found the resident was in bed sleeping with O2 at 3.5 l/minute per nasal cannula, 1.5 l/minute more than was ordered by the physician.

In an interview with the unlicensed staff #A on [redacted] at approximately 12 PM, she said she applied and removed the [redacted] and was not aware the [redacted] was not set at the correct liters per minute. She stated the family member came in and had a pulse oximeter and would change the [redacted] flow rates.

In an interview with the manager on [redacted]/13 at approximately 4:15 PM, he had no comments.

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2. Record review for resident #2 revealed an ALF 1823 dated ... that stated diagnoses of status post right ... repair, ... and ... and stated the resident needed assistance with self-administration of medications.

Review of physician order dated ... read, "... (for ... 6.25 milligrams (mg.) twice a day, hold for ... less than 110 or ... rate less than 60 and notify physician."

Review of the ... 2013 Medication Observation Record (MOR) revealed an order for ... 6.25 mg. twice a day at 8 AM and 8 PM. ... were documented from ... through ... at 8 AM and 8 PM. There was no ... documented on ... at 8 AM. There were no ... rates documented from ... /13 through 8/21/13. The unlicensed staff were taking the resident's ...

In an interview with the manager on ... /13 at approximately 4:15 PM, he had no comment.

3. Record review for resident #1 and review of facility notes revealed the resident went to the hospital on ... at 8:15 AM. She was found on the floor in the ... complained of shoulder pain and 911 was called. There was no documentation to review to indicate the physician was notified, or when the resident returned to facility.

Review of physician order dated .../13 stated diagnoses of ... on the ... There was no documentation in the facility that the resident had a ... or that the family had been notified.

In an interview on ... /13 at approximately 1:30 PM with staff #A, she stated that resident #1 returned from the hospital on the same day with a reddened area on her ... and the physician was notified but it was not documented.

The staff provided all notes written for the resident. There was no documentation of the reddened area.

In an interview with the manager on ... at approximately 4:15 PM, he had no comment.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC
Based on observation, record review and interview, the facility failed to ensure a resident identified as at risk of elopement had identification (ID) on their person that included their name, the facility's name, address and telephone number for 1 of 6 sampled residents (#2).

Findings:

Record review for resident #2 revealed an assisted living facility (ALF) 1823 form dated [redacted] with diagnoses of status post right [redacted] repair, [redacted] and [redacted]. It also indicated he wandered and was an elopement risk.

Observation on [redacted] at approximately 2 PM revealed the resident did not have ID on his person that stated his name, the facility's name, address and telephone number.

In an interview with the staff #A on [redacted] at approximately 2:05 PM, she stated the resident had an ID bracelet. She did not know where it was now and why he was not wearing it. In an interview with the manager on [redacted] at approximately 4:15 PM, he had no comment.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on observation, record review and interview, the facility failed to ensure all staff were assigned duties consistent with their education and training for 2 of 6 sampled residents (#1 & 2), failed to ensure staff had a statement from a health care provider, that stated they were free from communicable [redacted] including [redacted] for 1 of 3 sampled staff (staff #A), and failed to ensure freedom from TB was documented annually for 1 of 3 samples staff (staff #C).

Findings:

1. Observation on [redacted] at 10:25 AM found resident #1 in bed with [redacted] (O2)on at 3.5 liters (l)/minute via nasal cannula. Record review for resident #1 revealed an Assisted Living Facility Health Assessment (ALF) Form 1823 updated on [redacted]13 that indicated diagnoses of [redacted] and [redacted]. The resident was independent with eating and ambulation and needed assistance with bathing, dressing, [redacted], toileting and transferring.

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The physician's order of /13 read. at 2 l/minute per nasal cannula. Observation on 1/13 at approximately 10:35 AM and 3:45 PM found the resident in bed sleeping with O2 at 3.5 l/minute per nasal cannula.

In an interview with the unlicensed staff #A on at approximately 12 PM, she stated she applied and removed the O2, and was not aware a nurse was required to administer O2. She also stated the family member had a pulse oximeter and adjusted the O2 at times.

Interview with the manager on at approximately 4 PM who had no comment.

2. Record review for resident #2 revealed an ALF 1823 form dated that indicated diagnoses of status post right repair, and and stated the resident needed assistance with self-administration of medications.

On the physician's ordered (for 6.25 milligrams (mg.) twice a day, hold for less than 110 or rate less than 60 and notify physician.

Review of the 2013 Medication Observation Record revealed documented from through at 8 AM and 8 PM. There were no rates documented from through The were taken by the unlicensed staff.

6.25 mg. twice a day at 8 AM and 8 PM was documented as given from /13 through with initials in the boxes written by the unlicensed staff.

In an interview with unlicensed staff #A on at approximately 1 PM, she stated she took the and gave the

The unlicensed staff administered a medication with parameters that required a licensed nurse to give the medication.

In an interview with the manager on at approximately 4:15 PM, he did not comment.

3. Review of personnel file of staff #A, a caregiver, date of hire had a Freedom from Communicable including statement that was signed by a registered nurse on There was no documentation to review that indicated a healthcare provider signed the statement.

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Review of personnel files revealed staff #C, the administrator, no date of hire noted, had a negative TB skin test on . . . . . There was no documentation to review to indicate the skin test was documented annually on . . /12 and . . . . . .

In an interview with the manager on . . . . . at approximately 4:15 PM, he did not comment.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC
Based on record review and interview, the facility failed to ensure the administrator completed 12 hours of continuing education in topics related to assisted living every 2 years.

Findings:

Review of the administrator's personnel file, date of hire not noted in the file, revealed on . . . . . 8.5 hours of continuing education was completed, and on . . . . . 2 hours were completed. She had completed a total of 10.5 hours of continuing education. There was no documentation to review to indicate she had completed the required 12 hours of continuing education.

In and interview with the manager on . at approximately 4:15 PM, he did not comment.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on review of personnel files and interview the facility failed to ensure 1 of 3 sampled staff had an employment application (#C).

Findings:

Review of the administrator's (staff #C) personnel file, date of hire not noted in the file, did not have documentation to review that indicated an employment application was completed. The application was blank.

In an interview with the manager on . . . . . at approximately 4:15 PM, he did not comment.

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Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on record review and interview, the facility failed to ensure 1 of 3 sampled staff had completed the Affidavit of Compliance with Background Screening (staff #C, the administrator).

Findings:

Review of the administrator's (#C) personnel file, date of hire not noted in the file, did not have documentation to review that indicated she had completed the Affidavit of Compliance with Background Screening. Review of background screening results revealed the staff was eligible on

In an interview with the manager on /13 at approximately 4:15 PM, he did not comment.

Unclassified

Z827-Unlicensed Activity 408.812, FS
Based on observation, record review and interview, the facility failed to ensure they obtained a Limited Nursing Services license before performing nursing services for 1 of 6 sampled residents (#1).

Findings:

Review of the facility's license revealed a Standard Assisted Living License that expired on 13.

Observation on at 10:25 AM revealed resident #1 was in bed with (O2) on at 3.5 liters (l)/minute per nasal cannula. Record review for resident #1 revealed an Assisted Living Facility Health Assessment (ALF) Form 1823 updated on that indicated diagnoses of and The resident was independent with eating and ambulation and needed assistance with bathing, dressing, toileting and transferring.

On the physician ordered O2 at 2 l/minute per nasal cannula. Observation on at approximately 10:35 AM and 3:45 PM found the resident in bed sleeping with O2 at 3.5 liters/minute per nasal cannula, 1.5 l/minute more than the physician's order.

In an interview with the unlicensed staff #A on at approximately 12 PM, she said she applied

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and removed the [redacted] and was not aware a nurse was required to administer O2. She also stated the family member had a pulse oximeter and adjusted the O2 at times.

The unlicensed staff applied and removed the O2, a Limited Nursing Service, for which the ALF did not have a license.

In an interview with the manager on 8/2[redacted] at approximately 4 PM, he had no comment.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Our House Alf, Inc.
315 Wainai Drive
Merritt Island, FL 32952

Dear Administrator:

Re: Biennial relicensure

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) 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 surveyor(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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