STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966414	10/17/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Home Sweet Home Of Palm Coast,	**6 Emerson Dr Palm Coast, FL 32164**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

0000-Initial Comments
An Extended Congregate Care (ECC) survey was conducted at Home Sweet Home of Palm Coast on [redacted] 17, 2013. Deficiencies were identified.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation, and interview with the Administrator, the facility failed to keep resident's medications locked, separated, and properly sealed by pre-pouring medications, and improperly storing them in an unlocked office.

The findings include:

A tour of the facility was conducted by Employee #1 on [redacted] at 11:55 am. In the office space at the front of the facility, six (6) small cups (approximately 3 to 4 ounces in size) were observed sitting on a desk. Each was labeled across the front with a different resident's name. Closer inspection of the cups found they all contained several unidentified medications (tablets and capsules). When Employee #1 realized the cups were visible, she quickly gathered them and departed the office to an unknown location.

An interview was conducted with the Administrator on [redacted] at 12:15 pm. She stated Employee #1 was a Resident Assistant who was hired in [redacted] 2008. She confirmed that pre-pouring resident medications and leaving them unsecured was not a permissible practice. She stated it would not happen again.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Home Sweet Home of Palm Coast,
6 Emerson Drive
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a state licensure Extended Congregate Care survey that was conducted on , 2013 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. 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. Should you have any questions please call this office at

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/KW/sm
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054