STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910713	10/23/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
New Hope Group Home	6021 Duval Street Hollywood, FL 33024	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

(List of Tags Cited:)

St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Assisted Living Facility Relicensure survey was conducted on at New Hope Group Home. The facility had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on interview and record review, the facility failed to properly complete the AHCA Resident Health Assessment Form, (AHCA Form 1823 for 1 of 3 sampled residents, (Residents #1 and # 7).

The findings include:

a) Review of Resident # 1's records, revealed the Resident Assessment (AHCA Form 1823) was not properly completed. The statement whether the resident required assistance with taking his medications was marked "yes". However both boxes were marked as the kind of assistance needed, administration of medications and assistance with self-administration.

b) Review of Resident # 7's records revealed the Resident Assessment (AHCA Form 1823) was not accurately completed. The statement whether the resident required assistance with taking his medications was left blank.

On at approximately 2:40 PM during an interview with the Administrator, She reviewed the records of Resident's #1 and #7 and confirmed aforementioned. She stated no further documentation was available for review.

Class III

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0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on observation, record review and interviews, the facility failed to ensure that 1 out of 2 sampled residents (Resident#7) was appropriately evaluated for continued residency/readmission.

The findings include:

A record review of resident #7's record revealed a Health Assessment (AHCA form 1823) dated indicates that Resident #7 has a diagnosis of , foot callous. or behavioral status documented as no special precautions and daily oversight of wellbeing, whereabouts and important tasks.
Further record review of Resident #7's record revealed a note indicating that on at 12:00 PM, Resident #7 walked out of the yard, law enforcement was called to report a missing person, law enforcement called back to report that the resident was found and was at the hospital. The resident returned to facility on at 2:00 PM.
Review of a note in Resident #7 medical record revealed the following: On at 8:00 PM , Resident #7 began screaming at Resident # 3 and choked her, Administrator "rescued her ,called rescue, police and rescue personnel came" and Resident # 7 was taken to ward.

A record review of the Hospital Behavioral Health Admission Note dated for Resident # 7, revealed that the reason for the Admission was due to The reason the resident was was due to violent behavior, the resident attempted to choke a staff member at the Assisted Living Facility. His diagnosis includes: Behavioral and

A record review of the Hospital Behavioral Health Psychosocial Assessment Update Note dated for Resident # 7, revealed his current diagnosis includes: Axis I- er,Axis II-Deferred,AxisIII- Axis Primary Support group problems,Social and Environmental problems and Housing Problems, Axis V- Some danger of hurting self and others, possible or occasionally fails to maintain minimal personal hygiene or gross in communication. The current living situation is addressed and states that per Assisted Living Facility (ALF) staff and Resident's family member, the Resident is not allowed to return to the ALF due to violent outburst. Per family member the Resident's Case Manager is working to identify a facility that offers a higher level of care. Past interventions were addressed and reveals that the Resident lives in an ALF but requires a higher level of care, and that living in a group home setting is not viable for the Resident. Discharge Planning should focus on housing and medication.

A record review of the Hospital Discharge Plan dated revealed that Resident #7 was being

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discharged back to the ALF he came from and that the Resident and family member were in agreement with the discharge plan.

In an interview conducted with the Administrator on at 12:00 PM , She stated that on Resident #7 was placed under a and spent 7 days in the hospital for his behaviors and the incident involving Resident #3. She also stated that the resident has been given a 45 day notice of discharge. The notice provided documents the residents needs higher level of care, and that his case manager was advised and that they are looking for a new placement for him.

In an interview conducted on at 2:29 PM with Resident #7's case manager health provider , she stated that she has made a referral for the Resident for a higher level of care that has nurses available 24/7, and is just awaiting a determination.

Observation of Resident #7 on throughout the day, resident was observed attempting to grab and touch the female Administrator and she was having to constantly be redirecting the resident.

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on record review and interview, the assisted living facility failed to maintain a written work schedule to reflect its 24-hour staffing pattern for a given time period.

The findings include:

Record review of the most current facility schedule available dated 2013 revealed that staff A was not on the schedule for the entire month.

In an observation made on at 9:00 AM , staff A was the only staff member present.

Record review of the most current facility schedule available dated 2013 revealed that staff D was on the schedule from for the 6:00 PM- 6:00 AM shift.

In an interview conducted with the Assistant Administrator on at 10:12 AM he stated that

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staff D had not worked at the facility since . He stated staff D was currently out of the country and did not know when he was to return

In an interview with the Administrator on at approximately 4:41 PM, she acknowledged the findings.

Class III

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

Based on record review and interview, the facility failed to ensure that 1 out of 4 sampled staff (Staff A) who provide direct care to residents and who have not taken the core training, received a minimum of 1 hour of in-service training within 30 days of employment that covers the following subjects:

1. Reporting major incidents.
2. Reporting adverse incidents.
3. Emergency preparedness & Evacuation training.
4. Resident rights
5. Recognizing and reporting resident neglect and
6. Elopement response training.
7.Safe food handling practices.
8. Providing assistance with activities of daily living

The findings include:

The personnel files for Staff A ,was reviewed for the 1 hour of in-service training within 30 days of employment that covers the subjects of Reporting major and adverse incidents, Emergency procedures,Resident rights in an assisted living facility,Recognizing and reporting resident neglect and tion,safe food handling practice,providing assistance with activities of daily living and Elopement response training, there was no documentation of this requirement having been met for this direct care staff.

In an interview with staff A on at approximately 10:35 AM, she stated she is responsible for cooking,serving, cleaning and whatever the residents need, she does not assist with medication assistance but gives them what they need such as the testing equipment they may need to take their

medications. She also stated she has been back working at the facility a couple of months and assist the resident in whatever is needed and is the only staff at the facility at times.

An observation conducted on at 9:00 AM, found staff A ,the only staff member present at the facility.

The Administrator was interviewed on at 4:40 and confirmed that the documentation was not present and available for review.

Class III

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

Based on record review,observation and interview, the assisted living facility failed to ensure that 3 out of 4 (Staff A,B and D) current staff members have the required training within 30 days of employment.

The findings include:

a) Record review of Staff A personnel record, whose date of hire was lacked any documentation that staff A completed training. Record review revealed staff A did not complete the CORE requirement.

b) Record review of Staff B personnel record, whose date of hire was lacked any documentation that staff B completed training. Record review revealed staff B did not complete the CORE requirement.

c) Record review of Staff D personnel record, whose date of hire was lacked any documentation that staff D completed training. Record review revealed staff D did not complete the CORE requirement.

In an interview with the Administrator on at approximately 4:40 PM, she reviewed the record and confirmed that she could not produce the documentation of employees A,B and D having completed the training.

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In an interview with Staff A on at approximately 10:35 AM, she stated she was unaware of what is. She also stated she has been back working at the facility a couple of months and assist the resident in whatever is needed and is the only staff at the facility at times.

In an interview with Staff B on at approximately 3:30 PM, she stated she was unaware of what is. She also stated she has been working at the facility for 10 years and assist the resident in whatever is needed including medication assistance and is the only staff at the facility at times.

An observation conducted on at 9:00 AM, found staff A ,the only staff member present at the facility.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC
Based on record review and interview, the facility failed to file an adverse incident report as required for 1 of 2 (Resident #7) records reviewed.
The findings include:

A record review of Resident #7's record revealed a note indicating that on at 12:00 PM, the resident walked out of the yard, law enforcement was called to report a missing person, law enforcement called back to report that the resident was found and was at the hospital, resident returned to facility at 2:00 PM.

A record review of Resident #7's record revealed the following: On at 8:00 PM , Resident #7 began screaming at Resident # 3 and choked her, administrator "rescued her ,called rescue, police and rescue personnel came" and Resident # 7 was taken to ward.

A review of the Behavioral Health Admission note dated from the hospital revealed Resident #7 was admitted under the for violent behavior,attempting to choke a staff member at the group home.

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In an interview conducted with the Administrator on [redacted] at 12:00 PM , she confirmed that she did not file an adverse incident report and that Resident #7 was placed under a [redacted] and spent 7 days in the hospital.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
New Hope Group Home
6021 Duval Street
Hollywood, FL 33024

Dear Administrator:

This letter reports the findings of a state licensure 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 **2014** 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dmb

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