STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968241	02/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Utopia Family Home, Inc	2706 Montego Drive Miramar, FL 33023	
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= C
St - A - 0051 - 58a-5.0185(2) Fac - Medication - Pill Organizers S-S= C
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= C
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= C
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= C
St - A - E203 - 58a-5.030(4) Fac - Ecc - Staffing Requirements S-S= C

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey with Extended Congregate Care (ECC) was conducted on [redacted] at Utopia Family Home. The facility had deficiencies found at the time of the visit.

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

Based on observation, interview and record review, the facility failed to properly complete the Resident Health Assessment Form (AHCA 1823 Form) after a significant change in condition, for 1of 4 sampled residents (Resident #2) and failed to complete the required documentation of care provided, for 2 of 4 sampled residents (Resident #2 and #4).

The findings include:

a) Resident #2 was admitted to the facility on [redacted] with medical conditions including [redacted] and incontinence. The resident was admitted to hospice services after decline in medical condition on [redacted]. Review of the Resident Assessment Form 1823 dated [redacted] reveals no documentation of the need for placement on hospice care. Further review of the 1823 form reveals that the Section 3 Services Offered or Arranged by the Facility for the Resident was blank, with no signature of the Administrator and no date.

b) Resident #4 was admitted to the facility on [redacted] with medical conditions

including A-fibri and lower extremity Review of the Resident Assessment 1823 form dated reveals that the Section 3 - "Services Offered or Arranged by the Facility for the Resident" was blank, with no signature of the Administrator and no date.

On at approximately 1:35 PM during an interview with the Administrator and Registered Nurse Owner, they reviewed the records and confirmed the 1823 form should have been updated after a significant change in Resident #2's health and Section 3 should have been completed for Residents #2 and #4.

Class III

0051-Medication - Pill Organizers 58A-5.0185(2) FAC

Based on observation, interview and record review, the facility failed to follow the regulatory guidelines for use of a pill organizer. As evidenced, by the facility utilizing a pill organizer for residents that require assistance with self administration of medications for 4 of 4 sampled residents (Resident #1-#4).

The findings include:

On at approximately 12:00 PM, an observation was conducted of the medication storage for Residents #1- #4. The containers/ boxes of medications were stored in white plastic bins, inside the bin was a "pill organizer" labeled with every day of the week and time of day. The pill boxes had small individual boxes marked AM and PM. The pill boxes were observed to have pills inside of the smaller boxes (individual day/time).

An interview was conducted with the Administrator on at 12:05 PM, she stated that the Registered Nurse (RN) Owner fills the pill boxes weekly, one for each of the four residents. She stated that the unlicensed staff provide the pills to the residents. She stated that all four residents require assistance with self administration of the medication.

Record review of the Resident Assessment Forms for Resident #1, #2, #3 and #4 reveals all of the

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residents are assessed and documented by the physician, to require assistance with self administration of their medications.

On [redacted] at approximately 1:30 PM during an interview with the RN Owner, she stated that she has been filling the pill organizers as a better way to assist the staff with medication administration. She confirmed that all four residents were not assessed to be able to self administer their own medications. Furthermore, the residents required assistance and cueing to self administer their medications. She stated that she was aware of the regulation about guideline use of a pill organizer.

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation,interview and record review, the Assisted Living Facility failed to accurately document the medications given. As evidenced by the failure to maintain a Medication Observation Record (MOR), for 1 of 4 sampled residents (Resident #2).

The findings include:

Resident #2 was admitted to the facility on [redacted] with medical conditions including [redacted] and incontinence. The resident was admitted to hospice services after decline in medical condition on [redacted]. Review of the physician orders reveals the resident is prescribed [redacted] 20 mg at 8 AM, [redacted] 40 mg at 8 AM, and [redacted] 100 mg twice a day, morning and night. In addition, the resident is prescribed [redacted] 5 mg at bedtime.

Review of the [redacted] 2014 Medication Observation Record (MOR) reveals no record was created by the facility and no documentation of medications administered from [redacted] 1 thru 3, 2014 at time of the survey.

On [redacted] at approximately 12:30 PM during an interview with the Administrator,she provided a pill organizer for inspection. She stated that the Registered Nurse (RN) Owner had filled the pill organizer in an attempt to make it easier for the staff to provide medications to the resident. She stated that Resident #2 was not independent for medication administration. She stated that the staff had been administering the medications from the pill box. Observation of the pill box revealed 5 small boxes with pills inside labeled AM and PM. There was no labeling on the outside of the boxes as to the

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content inside.

On _____ at approximately 1:30 PM during an interview with the Administrator and the Owner, they confirmed that a MOR had not been created to document the medications administered to the resident. They agreed that this practice did not follow acceptable professional guidelines for medication administration. The RN/Owner stated that she would immediately hand write a MOR for the resident. She stated that she filled the pill box to assist the staff with administration of medications. She confirmed that Resident #2 was not independent for medication administration. She agreed the practice did not follow regulatory guidelines for use.

Class III

0083-Training - First Aid and ____ 58A-5.0191(4) FAC

Based on observation, interview and record review, the facility failed to maintain a staff person in the facility at all times, that has current certification in an approved ____ training/ First Aid course, for 1 out of 3 sampled employees (Employee #3).

The findings include:

On _____ at approximately 8:35 AM upon entrance to the facility; Employee #3 was observed to be the sole employee on duty caring for the residents. She stated that another employee would be arriving in about an hour.

Upon review of Employee #3's personnel record, it was revealed the file lacked current certification in ____ and First Aid, as required. Review of the facility staffing schedule revealed the employee is on duty from 8 AM to 5 PM twice a week and remains in the facility alone with the residents, while other staff arrive for work.

On _____ at approximately 1:30 PM during an interview with the Owner, she stated that the employee had been scheduled to take the training. She could not provide any further documentation for review.

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Class III

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

Based on observation, interview and record review, the facility failed to ensure the training requirement for all unlicensed persons who provide assistance with self administered medications is met. As evidenced by the failure to document annual 2 hour continuing education training course for assistance with self administered medications, for 3 of 3 sampled employees (Employee #1, #2 and #3).

The findings include:

a) On [redacted] at approximately 12:30 PM during employee record review for Employee #1, revealed the employee failed to complete the required 2 hour annual continuing education training on providing assistance with self-administered medications and safe medication practices in the facility. The record revealed the employee's last training was [redacted]

b) Record review of Employee #2 personal record revealed the employee failed to complete required 2 hour annual continuing education training on providing assistance with self-administered medications and safe medication practices in the facility. The record revealed the employee's last training was [redacted]

c) Record review of Employee #3 personal record revealed the employee failed to complete required 2 hour annual continuing education training on providing assistance with self-administered medications and safe medication practices in the facility. The record revealed the employee's last training was [redacted]

On [redacted] at approximately 1:30 PM during an interview with the Administrator and Registered Nurse/Owner, they reviewed the employee records and confirmed there was no documentation of required training for all three employees.

Class III

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E203-ECC - Staffing Requirements 58A-5.030(4) FAC
Based on observation, interview and record review, the facility failed to meet the staffing requirement for the Extended Congregate Care (ECC) program. As evidenced by the failure to ensure and document required staff ECC training for 2 of 3 sampled employees (Employee # 1 and #2).

The findings include:

a) Employee # 1 was hired on _____. Review of the personal record on _____ revealed no documentation the employee received the required ECC training within 6 months of her date of hire.

b) Employee #2 was hired on _____. Review of the personal record on _____ revealed no documentation the employee received the required ECC training within 6 months of her date of hire.

On _____ at approximately 1:30 PM during an interview with the Administrator and the Registered Nurse/Owner, they confirmed the employees had not received the required hourly ECC training.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Utopia Family Home, Inc
2706 Montego Drive
Miramar, FL 33023

Dear Administrator:

This letter reports the findings of a state licensure survey with Extended Congregate Care (ECC) that was conducted on , 2014 by a representative from 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 (30) 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 -Davis
Field Office Manager

AMD/dso
Enclosure: State Form 500-3547
XG90

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