STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910713	04/08/2014
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)		

Revisit Corrected Tags:
0010-Admissions - Continued Residency-03/19/2014
0165-Risk Mgmt & Qa; Adverse Incident Report-03/19/2014

Revisit Repeat Tags:
0000-Initial Comments-
0079-Staffing Standards - Levels-58a-5.019(4) Fac

List of Tags Cited:
St - A - 0000 - - Initial Comments
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 - 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 follow-up to the licensure survey was conducted on ..... New Hope Group Home had deficiencies found at the time of the visit.

Please note this survey was conducted in conjunction with the follow-up survey (CCR#2013011151) on the same date. Please refer to separate report for findings.

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 actual 24-hour staffing pattern for a given time period.

The findings Include:

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Record review of the most current facility schedule available dated 2014 revealed the following. The facility has four staffing patterns to cover a 24hr staffing pattern, in which Staff A, B,C, D and E are scheduled employees for the shifts(each employee works alone). The following shifts were noted on the 2014 schedule; 6AM -8 AM(staffed by Staff B or E), 8AM -11AM (staffed by Staff A or C), 11AM - 8PM (staffed by Staff C or A), 8PM- 12 AM (staffed by Staff B or E) and 12AM -6 AM (staffed by D or E) . Further review of the 2014 schedule revealed Staff D was on the schedule for the 12 AM-6 AM shift on Monday - Saturday beginning 1. The Assistant Administrator (Staff E) was scheduled to work every Sunday from 12 AM- 6 PM beginning on , 2014.

In an interview conducted with Staff D on at 11:00 AM, he stated he started to work back at the facility on . He confirmed that he is not physically present in the facility and that he stays at the house next door and if the residents need him, they can call or come and get him.

In an interview conducted with the Assistant Administrator on at 2:00 PM, he confirmed that when he is scheduled to work Sundays from 12:00AM- 6:00 AM ,that he stays in the house next door and sleeps there, as well as staff D. He further stated that the routine is to go to the facility at 9:00 PM nightly, make sure all the doors are locked and that the residents are inside. Staff does not come to the facility unless they are needed, the residents can call or come to the house next door if they need assistance.

In an interview with the Administrator on at approximately 2:15 PM, she confirmed that there are no staff member(s) present at the facility during the night shift (overnight). She also confirmed that the staffing schedule did not accurately reflect the actual staffing pattern for the facility for the evening and night shift.

Class III

This is an uncorrected deficiency from the relicensure survey, conducted on and the revisit conducted on .

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

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: Relicensure Survey Revisit

Dear Administrator:

This letter reports the findings of a relicensure survey revisit conducted on . ..... 19, 2014 and completed on . 8, 2014 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than . 2014.**

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
Enclosure

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