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:
L243-Lmh - Training-03/19/2014

Revisit Repeat Tags:
0000-Initial Comments-
0025-Resident Care - Supervision-58a-5.0182(1) Fac

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= G
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to complaint survey, CCR#2013011151 was conducted on New Hope Group Home had an uncorrected deficiency found at the time of the visit.

Please note this survey was conducted in conjunction with the follow-up to the licensure survey on the same date. Please refer to separate report for findings.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and interview, the assisted living facility failed to provide appropriate supervision, for 6 out of 6 sampled residents (Residents #1-#6). As evidence of the facility failure to provide supervision during the night shift.

The findings include:

a) 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

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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 . . . . 2, 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 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 12:00 AM- 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 D or E 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.

b) In an interview conducted on . . . . . at 10:25 AM with Resident #1, he stated that the overnight staff is next door, you have to call them if you need something. He further stated that on , he went to bed at 7 or 8 PM and woke up at 5 AM and there was no staff present.

In an interview conducted on . . . . . at 10:35 AM with Resident #3, he stated on . . . . . he woke up at 2:30 AM and there was no staff present. He further stated, if you need something you have to call the staff or go the house next door to get them.

In an interview with the Administrator on . . . . . at approximately 2:15 PM, she confirmed that there has not been a staff member staying at the facility overnight.

c) Record review of residents' records revealed the following.

1) Review of Resident #2's record revealed an admit date of . . . . . Resident #2's Health Assessment (AHCA form 1823) with no date, documents the resident's diagnosis as and unsteady Gait. The form documents the resident needs assistance with all ADLs. Further review of the form failed to list any medications for the resident. However, the form documents the resident requires medication administration; goes to program for medications.

2) Review of resident #3's record revealed an admit date of . . . . . to the facility. Resident #3's Health Assessment (AHCA form 1823) dated . documents the resident's diagnosis as . . . . . .

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The form documents skilled nursing for psych med's. The form documents the resident is independent with ambulation, dressing, and transferring and requires supervision with bathing eating and toileting. Further review of the form documents the resident needs assistance with medications; followed by home health services to stabilize status within limitations. A mental health provider agreement dated was located within the resident's file, the agreement documents the following services to be provided to the resident; need to to arrange programs to socialize with other people, medication management teach relaxation techniques.

3) Review of Resident #4's record revealed an admit date of to the facility. Resident #4's Health Assessment form (AHCA form 1823) dated documents the resident's diagnosis as forgetful and agitated. The form documents the resident as independent with all ADLs and requires supervision with eating and dressing. The form also documents the resident needs assistance with medications. A mental health provider agreement dated was located within the resident's file, the agreement documents the following services to be provided to the resident; the need to identify and discuss thought perception and feelings recognize and develop effective coping skills teach new ways to reduce

4) Review of Resident #5's record revealed an admit date of to the facility. Resident #5's Health Assessment form (AHCA form 1823) dated documents the resident's diagnosis as include , and Further review of the form documents the resident is independent with all Activities of Daily Living (ADLs) and requires supervision with eating. The form also notes the resident requires assistance with medications. A mental health provider agreement dated was located within the resident's file, the agreement documents the following services to be provided to the resident; monitor resident's well being and supervise medications.

5) Review of Resident #6's record revealed an admit date of to the facility. Resident #6's Health Assessment form (AHCA form 1823) dated documents the resident's diagnosis as Remission, and choking precautions. Further review of the form documents the resident is independent with all ADLs. The form also documents the residents needs assistance with medications. A mental health provider agreement dated was located within the resident's file, the agreement documents the following services to be provided to the resident; need to supervise medications and to assist to identify disturbing thoughts.

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6) Review of Resident #7's record revealed an admit date of to the facility. Resident #7's Health Assessment form (AHCA form 1823) dated documents the resident's diagnosis as Mental forget full and disoriented. The form documents the resident is independent with all ADL and requires assistance with monitor his eating/nutrition. A mental health provider agreement dated was located with the resident's file. However, record review revealed the resident does not have a case worker or go to program; the resident no longer receives LMH services.

d) During observations of the residence of Staff D and Staff E (night staff), it was noted the property is not on the grounds of the facility. The property is adjacent to the facility located to the right and separated by a parameter fence. Further observations revealed the residents would have to walk off the grounds of the property (exit the facility), walk along a sidewalk about approximately 15 feet to reach the location of the night staff (their place of residence). Since, the residents have to physically leave the facility at night for assistance; this exposes them to all the outside weather elements and any other hazards at night. Please also refer to Resident #2 to #7's medical diagnosis. (Photographic evidence obtained)

The facility failure to ensure appropriate supervision is provided to the residents at the facility during the night shift, directly threatens the physical, emotional health and safety of the residents residing at the facility.

Class II

This is an uncorrected deficiency from the complaint survey , CCR#2013011151 , conducted on

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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: CCR #2013011151 Survey Revisit

Dear Administrator:

This letter reports the findings of a complaint 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 surveyor. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

J. Wedge-Davis, Supervisor

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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