

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/04/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910622	(X3) DATE SURVEY COMPLETED 05/30/2014
NAME OF PROVIDER OR SUPPLIER Heritage House Retirement Home	STREET ADDRESS, CITY, STATE, ZIP CODE 1810 S. Belcher Road Clearwater, FL 34624	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

A biennial state licensure survey was conducted on

Heritage House Retirement Home, assisted living facility, had deficiencies at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation and interview, facility staff did not adhere to all procedures described in Section 429.256, F.S. regarding the assistance of residents with medication self-administration with respect to four of four residents observed receiving medication assistance (#3; 5; 6; and 7).

Findings include:

From approximately 12:20pm to 12:45pm on , Staff D was observed doing the following:

a) She brought Resident #3's noon-time medications in a small cup from a central medication cabinet to where the resident was seated for the noon meal. Then she said "these are your medications" and observed the resident take the pills with water before going back to the cabinet. This process was repeated with Residents #5, #6, and 7. In none of the cases was the staff person ever observed either reading the medication label (s) to the resident or telling what medications the resident was receiving/consuming. In an interview with the co-administrator at approximately 2:30pm on , he stated that "they were concerned with maintaining the resident's privacy and therefore chose not to verbally divulge" the resident's prescriptions.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, one of three staff sampled (B) had not had their () status updated on an annual basis.

Findings include:

A personnel file review during the survey revealed that the latest assessment for Staff B (hired) was from . Further review of the record found no subsequent evaluation. An interview with the administrator at approximately 2pm on indicated that Staff B had not received any further examinations since the test.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Heritage House Retirement Home
1810 S. Belcher Road
Clearwater, FL 34624

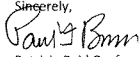
Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2014, by representative(s) 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 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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

