STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953250	05/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Homestead Retirement	1117 Massachusetts Avenue Saint Cloud, FL 34769	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

Specific Tag Findings:

0000-Initial Comments
A change of ownership survey was conducted on ____ Homestead Retirement Assisted Living Facility had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview the facility failed to ensure the health assessments for 3 of 3 sampled residents (#1, #7 and #3) contained all the required information.

Findings:

1. Resident record review conducted on _____ at 11:40 AM for resident #1 who was admitted on ____ revealed a Facility Health Assessment Form (AHCA Form 1823) dated _____ listed a diagnosis of _____ The physician indicated that the resident's needs can be met in an assisted living facility and that the resident is independent in activities of daily living. The physician left the section indicating whether the resident requires any assistance with the administration of medications blank.

2. Resident record review for resident #7 revealed a health assessment report dated ____ that indicated he needed assistance with self-administration of medications; the report was not dated or signed by a health care provider.

3. Resident record review for resident #3 revealed a health assessment did not indicate the resident's needs regarding self-administration of medications.

In an interview on _____ at approximately 4 PM, the assistant administrator stated the assessments were overlooked.

Class III

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0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on interview and observation the facility failed to provide an ongoing activities program that provides diversified individual or group activities in keeping with each resident's needs, abilities and interests for 7 of 12 sampled residents (#1, #9, #10, #12, #4, #5 and #6).

The posted schedule did not reflect activities provided for six days a week totaling twelve hours per week.

Findings:
During the survey there were no activities observed. The posted schedule did not reflect activities provided for six days a week totaling twelve hours per week. Interview with alert and oriented residents revealed the following:

1. Interview conducted on [redacted] at 10:50 AM with resident #1 who stated "there are no activities. I would like to see more activities."

2. Interview conducted on [redacted] at 10:15 with resident # 9 who stated "we really have no activities. The lady who used to call Bingo moved out and now we don't even have Bingo. I would like to have some activities; anything would be good I like games."

3. Interview conducted on [redacted] at 10:00 AM with resident # 10 who stated "there are no activities. We used to have a woman who called BINGO but she moved. "

4. Interview conducted on [redacted] at 9:55 AM with resident #12 who stated "We have no activities. Sometimes other residents will share a new movie but otherwise we have nothing. I would like activities. It can be real boring sometimes. "

5. In an interview on [redacted] at approximately 11 AM with resident #4, who stated "I go to the library. I have a bicycle I go out. I want to get a fishing permit. I listen to music, jazz /opera by myself".

6. In an interview on [redacted] at approximately 11:15 AM with resident #5 who stated "There is no activities I thought they had to have some activities. If they had some type of activities I would enjoy that."

7. In an interview on [redacted] at approximately 11:15 AM with resident #6, who stated "There is nothing to do here; there are no activities. Everybody does whatever; there are no activities where someone gets us together. I think they should, I would participate if they did."

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Interview conducted on _____ at 3:10 PM with the Administrator who stated that the only activity at this time is a church group that comes in on Sunday. He was not aware that activities had to be provided for 6 days per week totaling up to 12 hours.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations and interview the facility failed to ensure when unlicensed staff provided assistance with self-administration of medications, the staff followed the appropriate procedure at all times and did not in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, and close the container for 3 of 3 sampled residents (#7, #8 and #5).

Findings:

Observations on _____ at approximately 12 PM during the medication pass, noted staff C retrieved the medications from the locked medication cabinet. She read the Medication Observation Record (MOR). She poured the medication in her hand and handed the pills to resident #7. She observed the resident take the medication and signed the MOR. She returned the medication to the unlocked medication cabinet.

Continued observation of the medication pass at approximately 12:15 PM noted staff C retrieved the medications from the unlocked medication cabinet. She retrieved the medication from the cart. The resident stood by her. She put the medication in her hand and handed the pill to resident #8. She asked if he had water. She observed the resident take the medication and signed the MOR. She returned the medication to the locked medication cart.

Continued observation of the medication pass at approximately 12:20 PM noted staff C retrieved the medication from the cart. The resident stood by her. She put the medication in her hand and handed the pill to resident #5. She observed the resident take the medication and signed the MOR. She returned the medication to the locked medication cart.

In an interview on _____ at approximately 3 PM, the assistant administrator stated that maybe the staff was nervous.

Class III

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L241-LMH - Records 58A-5.029(2) FAC
Based on record review and interview the facility failed to ensure the Community Living Support Plan for 1 Limited Mental Health (LMH) resident (#5) in a sample of 3 residents, was updated at least annually.

Findings:

During the entrance interview on at approximately 9 AM, the assistant administrator identified resident #5 as a Limited Mental Health Resident.

Resident record review for resident #5 revealed the resident was admitted to the facility on and had a Community Living Support Plan that was dated

In an interview with the administrator on at approximately 2 PM, who stated resident #1 was under the care of a psychologist and did not have a case manager. The psychologist was scheduled to come to the facility to see the LMH residents and he would request the updated the Community Living Support Plans.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Homestead Retirement
1117 Massachusetts Avenue
Saint Cloud, FL 34769

Dear Administrator:

Re: Change of Ownership w/LMH

This letter reports the findings of a 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 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 surveyor(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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