STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965386	05/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Homewood Residence At Boynton	2400 South Congress Avenue Boynton Beach, FL 33426	
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 - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on and at Homewood Residence. The facility had deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, record review and interview, the facility failed to ensure that proper procedures were followed by 1 out of 4 care associates observed (Staff C) dispensing medications, for 2 out of 8 residents (Resident #6 and #7) needing assistance with self-administration of medication.

The Findings Include:

a) During observation of medication pass conducted on beginning at 12:58 PM, Staff C was observed assisting Resident #6 with medications. The resident came to the Wellness Center (Medication for medication. Staff C dispensed 200 mg, 1 capsule. Staff C after checking that she had the correct resident and medication, Staff C popped the pill out of the original packaging into a small soufflé cup. Staff C signed off on the Medication Observation Record (MOR) with her initials prior to giving the pill to the resident. She then gave the medication with a small cup of water to Resident #6 without stating the name of the medication to her.

b) During observation of the same medication pass, Staff C was observed assisting Resident #7 with medications on at 1:04 PM. The following medications were given: 10 mg, 1 tablet; 5 mg, 1 tablet; Therapeutic -M, 1 tablet; and 81 mg, 1 tablet. Staff C did not state the names of the medications to Resident #7. She signed off on the MOR after popping the pills into the soufflé cup and prior to giving the medications to the resident.

In an interview conducted on at 1:12 PM, Staff C acknowledged the findings.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on record review, interview and observation, the facility failed to serve a therapeutic diet as ordered by a health care provider for, 1 of 3 current residents (Resident #16).

The findings include:

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SUMMARY STATEMENT OF DEFICIENCIES
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On at approximately 9:45 AM the Administrator provided a current census list with the residents on therapeutic diets identified, specifically by the type of therapeutic diet. Resident #16 was identified to be on a mechanical soft diet.

In an observation conducted on at 12:50 PM in the dining Building 2, Resident # 16 was observed to be served a regular diet, which consisted of 2 slices of Gazed Ham, mashed potatoes and steamed California mix vegetables. In an interview conducted on at 12:57 with the Executive Chef, he stated that a mechanical soft diet should be that the meat is cut up into bite size pieces and that he is sure the kitchen sent over.

In a subsequent observation on at 1:00 PM of Resident #16 with the Executive Chef, we observed and he confirmed that the resident was served a regular diet, which he stated was incorrect. He further stated that the therapeutic diet list is in the kitchen, in a drawer and that the staff is aware of the therapeutic diets. In an interview conducted on at 1:05 with the Administrator, she stated that the diet list is updated weekly and is in the drawer in the kitchen and does not know why the resident was served the wrong diet.

A review of Resident #16 ' s AHCA form #1823 dated revealed that the resident's diet order was for a mechanical soft diet and no added salt. A review of the facility ' s diet order list located in Building #2 ' s kitchen revealed Resident #16 ' s diet order was for a mechanical soft diet. A review of the Facility ' s Personal Service Plan for Resident #16 revealed that the resident is to have regular portion meals cut up in the kitchen. In an interview conducted on at 12:25 PM with the Administrator, she confirmed that the only diet order was the one on the AHCA form 1823 dated and that the resident is paying an additional amount per month for the therapeutic diet.

In an interview conducted with Resident #16 on at 1:00 PM, she stated that she receives her meals cut up sometimes and sometimes not. In an interview conducted on at 3:39 PM with the daughter of Resident #16, she confirmed that her mother is on a mechanical soft diet, but is not sure why she was served a regular diet.

In an interview conducted on at 12:30 PM with the Health and Wellness Director, she stated that Resident # 16 previously had Bell ' s and it was something that helped her. She also confirmed the resident requires a mechanical soft diet. The facility had no further documentation available for review to indicate a diet order change from mechanical soft to regular.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Homewood Residence At Boynton
2400 South Congress Avenue
Boynton Beach, FL 33426

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on , 2014 by representatives 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 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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