| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910026 | 07/30/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Eva's Home Care | 2601 North Woodrow Avenue Tampa, FL 33602 | |
| 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 - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

**Specific Tag Findings:**

0000-Initial Comments

Assisted Living Facility

An abbreviated biennial state licensure survey was conducted on .....

The Eva's Home Care, assisted living facility, had deficiencies at the time of the visit.

**0008-Admissions - Health Assessment 58A-5.0181(2) FAC**

Based upon record review & staff interview, the facility failed to ensure that the medical examination (1823) was completed in entirety for 1 (#2) of 1 resident review.

Finding include:

A ..... review of the record for resident #2 admitted on ..... revealed that the resident health assessment (1823) dated ..... was not completed for the type of diet the resident was to receive, this portion of the form was left blank.

Per interview with the administrator at 1pm, this must have been overlooked by the physician. She will bring it back to the physician during the resident's next visit.

Class III

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

Based upon record review & interviews, the facility was not providing supervision of all of the medications for 1 (#2) of 4 residents who required assistance of self administered medications.

Findings include:

During interview on ..... at about 10:30am with resident #2 she said that she takes care of her own ..... The resident also verified she draws up her ..... from the vial & injects herself. When asked about testing her ..... sugar the resident said she checks her ..... sugar every day & the staff watches me & makes a note of it.

This residents ..... was observed unlocked in the refrigerator of the resident's apartment ( resident #2 is also the sister of the facility administrator).

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910026 | 07/30/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Eva's Home Care | 2601 North Woodrow Avenue Tampa, FL 33602 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

A review of the residents 1823 (medical examination) dated . . . . . notes the resident requires assistance with medications.

A review of the resident's 2014 medication observation record (MOR) revealed that the resident was receiving assistance for all other medications with exception of . . . . . -22units at bedtime) and (Aspart (Novalog) 6 units with meals. The MOR was marked for the . . . . that the resident "self" manages. The MOR was not annotated that the resident receives supervision for the dosages. All other medication dosages had been annotated they were taken at the right time.

When the surveyor & administrator went to the resident's . . . . . observe her take her . . . . the resident said she had already taken it (approximately 1pm). When asked to demonstrate how many units she had taken by point at the unit increments on a syringe resident #2 stated "20 or 30" and could not point to the appropriate measurement on a syringe.

The administrator told the surveyor that she doubted resident #2 had taken her . . . . . as she is resistant to taking it. The administrator also indicated that the resident does not receive services from a home health agency nurse with regard to . . . . . management.

Class III

**0055-Medication - Storage and Disposal 58A-5.0185(6) FAC**

Based upon observation & interview the medications for 1 (#2) of 4 residents was not maintained in a locked storage area.

Findings include:

During tour on . . . . . and resident interview at 10:30am it was revealed that the resident's . . . . . was stored unlocked in the residents refrigerator.

Upon reviewing the health assessment (1823) for resident #2 it was noted that the resident requires assistance with medications.

According to interview with the facility administrator (at approximately 10a.m.) the resident keeps the . . . . . in her own . . . . . resident #2 manages the medication on her own, though it was admitted that the staff watch her take it and help her if needed.

Class III

**0081-Training - Staff In-Service 58A-5.0191(2) FAC**

Based upon record review & staff interview the facility failed to ensure 1 (B) of 2 staff had documentation of all required training.

Findings include:

A . . . . . review of the personnel record for staff B hired in . . . . 1987 revealed no documented evidence of training in the facility elopement response policy & procedures.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910026** | **07/30/2014** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Eva's Home Care** | **2601 North Woodrow Avenue Tampa, FL 33602** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

During interview at about 3:30pm the administrator acknowledged this information was not on file.

Class III

**0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC**

Based upon record review & staff interview the facility failed to ensure that staff responsible for providing assistance with residents self-administered medications complete the required training.

Findings include:

During the visit of and review of the record for staff A (administrator) it was observed that the last documented training related to assisting residents with self-administered medications was on This was a 4 hour in-service related to medication assistance. There was no other documented medication training since that time. The administrator acknowledged (about 2:30pm) that was the last training she attended and said she will take another 4 hour class as soon as possible. She verified that she assists residents with self-administered medications.

Class III

**0161-Records - Staff 58A-5.024(2) FAC**

Based upon record review and staff interview the facility did not ensure that documentation of level II background screening was on file for 1 (B) of 2 staff.

Findings include:

A review of the personnel record for staff B, hired in 1987 revealed no documented evidence of a Level II background screening.

Per interview with the administrator (about 3:30pm), the staff did have her Level II background screening but she has to print it from the website.

A search of the background screening unit website did verify that staff B was Level II eligible.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Eva's Home Care
2601 North Woodrow Avenue
Tampa, FL 33602

Dear Administrator:

This letter reports the findings of an abbreviated 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 Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com