STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967975	10/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hogar Dulce Hogar	5597 Wendy Ln Naples, FL 34112	
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 - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

Specific Tag Findings:
These are the results of the Biennial, Limited Nursing Service (LNS), and Limited Mental Health (LMH) survey conducted on at Hogar Dolce Hogar an Assisted Living Facility (ALF) located in Naples, Florida.

The following is a description of non-compliance:

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and staff interview the facility failed to obtain a completed medical evaluation addressing if the resident will require any assistance with the administration of medication for 1 (Resident #1) of 5 residents sampled.

The findings include:

Review of record for Resident #1 revealed that the health assessment (AHCA Form 1823) was dated and signed and that Section 2-B: Self and General Oversight Assessment-Medications, Sub section B, was not completed to include the resident's needs in regards to medication assistance.

In an interview with Administrator (Staff A) at 5:00 p.m. on , he confirmed that the AHCA Form 1823 was the most current and only form for Resident #1. He also confirmed that he or Staff B assists the resident with their medications and did not notice that the section was left blank by the medical doctor. He stated that he "did not know that all sections needed to be filled in or he needed to obtain the information from the health care provider."

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, interview, and record review the facility failed to obtain a written medication order signed by the resident's health care provider regarding the change in directions for use of a medication for for 1 (Resident #5) of 5 residents sampled.

The findings include:

1. On at 10:30 a.m. review of Resident #5's record showed current medication list to include the orders: Baby 81 mg Chewable tab. Chew 1 tablet (81 MG) by oral route every day.

2. On at 11:00 an observation of the assistance with self-administration of medication for Resident #5 was made. The label for the included 81 mg

3. On at 5:00 p.m. during an interview with the Administrator he confirmed that the latest order documented in the resident's file, on the medication list reads: Baby 81 mg Chewable tab. Chew 1 tablet

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967975	10/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hogar Dulce Hogar	5597 Wendy Ln Naples, FL 34112	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

(81 MG) by oral route every day and that the container received from the pharmacist states for swallowing.

Class III

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC
Based on observation, record review, and interview the facility failed to have the resident's name on over the counter (OTC) medications kept in central storage for 1 (Resident #5) of 5 residents sampled.

The findings include:

1. On at 10:30 a.m. review of Resident #5's record revealed a current medication list which included Baby 81 mg Chewable tab. Chew 1 tablet (81 MG) by oral route every day and a Spectravite Women's Tablet. Take 1 tablet by mouth every day. The facility provides assistance with self-administration of medications for Resident #5.

2. On at 11:00 an observation of the assistance with self-administration of medication for Resident #5 was made. This included assistance with 81 mg and a Specravite Both medications were OTC medications with manufacture labeling intact but lacked the resident's name.

3. On at 5:00 p.m. an interview was conducted with the Administrator (Staff A). The Administrator confirmed that both the and bottles were not labeled with resident name. The Administrator stated, "That is how the Pharmacist gives it to me when I pick it up. The Doctor sends the prescriptions to the Pharmacist and I pick them up. I don't get the prescriptions." The Administrator also confirmed that the latest order documented in the resident's file for the medication list, reads: Baby 81 mg Chewable tab. Chew 1 tablet (81 MG) by oral route every day and the container received from the pharmacist states for swallowing.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview the facility failed to provide required staff training for 1 (Staff B) of 2 employee records reviewed.

The findings include:

1. On a review of employee file of staff B (hire date revealed no documentation of: ADL and behavioral needs training; Elopement and Response training; Facility emergency response training; Incident Report training; Resident Rights training; or Recognizing , neglect and training.

2. An interview with Administrator on at 2:45 p.m. confirmed the above items were not in employee B's file. The Administrator stated, "I was not aware that she needed that training."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967975	10/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hogar Dulce Hogar	5597 Wendy Ln Naples, FL 34112	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0090-Training - 58A-5.0191(11) FAC
Based on record review and interview the facility failed to provide training for 1 (Staff B) out of 2 employee records reviewed.

The findings include:

1. On a review of the employee Record of Staff B (hire date revealed no documentation of training.

2. An interview with the Administrator on at 2:45 p.m., confirm that the training was not completed for Staff B. The Administrator stated, "I was not aware that she needed the training."

Class III

N278-LNS - Records 58A-5.031(3) FAC

Based on record review and interview the facility failed to insure 1 (Resident #4) of 1 resident receiving Limited Nursing Services (LNS) services had the required LNS documentation.

The findings include:

1. Review of the facility record revealed that it lacked a record indicating that Resident #4, who was receiving an LNS service, was receiving the LNS service.

2. Review of Resident #4's record revealed that it lacked the following documentation: a physician's order for straight daily (being done by Home Health Agency nurses) and monthly nursing assessments of Resident #4 signed by a registered nurse under contract to provide LNS services.

3. During interview at 4:15 p.m. the administrator (administrators son translated, Administrator speaks only Spanish) said that he did not know he needed all of that information. He verified he did not have any LNS documentation.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Hogar Dulce Hogar
5597 Wendy Ln
Naples, FL 34112

Dear Administrator:

This letter reports the findings of a state licensure 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 **11/08/2014** 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

sh
Enclosure: State Form

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com