STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965243	10/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Friends At Home Assisted Living, Inc	3680 Canaveral Groves Blvd. Cocoa, FL 32926	
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 - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:
0000-Initial Comments
Complaint inspection CCR# 2014006736 was conducted on . Friends at Home 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 Assisted Living Facility Health Assessment Form (1823) included the required information for 1 of 7 sampled residents (#1).

Findings:

Resident record review for resident #1 revealed an Assisted Living Facility Health Assessment Form (1823) with no date that indicated diagnoses of type 2 . and . Page 4 of the 1823 was not available for review.

In a phone interview with the administrator on . at approximately 3:00 PM who was not aware the 1823 was missing a page.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and interview the facility failed to have residents keep centrally stored medication locked for 1 of 7 sampled residents (#3).

Findings:

Observation . at approximately 1 PM revealed there were 8 boxes of . unlocked in the refrigerator for resident #3.

In a phone interview on . at approximately 3 PM with the Administrator who confirmed

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the [redacted] needed to be locked.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation and interview the facility failed to ensure all prescription drugs kept by the facility were properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. for 1 of 7 sampled residents (#3).

Findings:

Observation [redacted] at approximately 1 PM revealed there were 2 boxes of [redacted] in the refrigerator for Resident #3. The boxes did not have the pharmacy labels on them.

In a phone interview with the administrator on [redacted] at approximately 3 PM who confirmed the [redacted] needed to be labeled.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC
Based on observation, record review and interview the facility failed to ensure the staff schedule was up to date.

Findings:

Observation on [redacted] at 9:30 AM revealed staff B was working.

Record review revealed the staff schedule did not accurately reflect the staff who was working on [redacted]. Staff B's name was not listed on the schedule.

In a phone interview with the administrator on [redacted] at approximately 3:00 PM who was informed the staff schedule was not up to date.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interview the facility failed to ensure all existing structures were in good working order.

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Findings:

Observation on [redacted] at approximately 9:30 AM revealed the screen on the back porch door was torn.

In a phone interview with the administrator on [redacted] at approximately 3:00 PM who was informed the screen door was in need of repair.

Class III

0160-Records - Facility 58A-5.024(1) FAC
Based on record review and interview the facility failed to have a current County Health Department [redacted] inspection and did not have records available for review for 1 of 7 sampled residents (#7).

Findings:

1. Review of facility records revealed the [redacted] inspection was conducted on [redacted]. There was no documentation to review that indicated the facility had a current [redacted] inspection.

In a phone interview with the administrator on [redacted] at approximately 3:00 PM who stated the inspection was not conducted.

2. Resident record review for resident #7 revealed, the resident was on hospice and was discharged [redacted]. There were no hospice records available for review.

In a phone interview with the administrator on [redacted] at approximately 3:00 PM who stated the hospice records could not be located.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK

, 2014

Administrator
Friends At Home Assisted Living, Inc
3680 Canaveral Groves Blvd.
Cocoa, FL 32926

RE: CCR #2014006736 & ECC monitoring

Dear Administrator:

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 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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