STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967480	11/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A Place Like Home Alf, Inc	1971 Port Malabar Blvd Palm Bay, FL 32905	
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 - 0167 - 58a-5.025 Fac - Resident Contracts S-S= B

0000-Initial Comments
A Relicensure survey was conducted on . . . . . A Place Like Home had deficiencies 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 that the health care provider's orders regarding whether the resident will require assistance with self-administration of medications was clarified for 1 of 2 residents upon admission (#2).

Findings:

Record Review for resident #2 revealed a Facility Health Form (AHCA form 1823) dated with diagnoses of . . . . . and . . . . . The physician indicated the resident required assistance with activities of daily living needs that can be met in an assisted living facility and required medication administration.

Interview conducted on . . . with staff #B, she stated that this was an oversight. The resident has been able to assist in the self-administration of medication since admission. When she was admitted, staff did not realize the physician had checked the incorrect box.

In a telephone interview on the health care provider, advanced registered nurse practitioner (ARNP) for the facility, stated she knows the resident and has been following her since admission. She believes the resident can assist with self-administration of medication and will update the facility 1823 when she visits the facility tomorrow.

In an interview on . . . at 4:30 PM, the administrator stated that the resident is aware of the medications she takes but is forgetful about what time to take them.

Class III

0167-Resident Contracts 58A-5.025 FAC
Based on record review and interview, the facility failed to ensure that residents' facility contracts included a provision that residents must be assessed by a health care provider 60 days prior to or within 30 days after admission and every three years thereafter or upon significant change for 2 of 2 sampled residents records reviewed (#1 & 2).

Findings:

1. Record review for resident #1 revealed a facility contract dated . . . . . A provision in the contract read that the resident must be assessed face to face by a health care provider 60 days prior to or within 30 days after admission using the Facility Health Facility Assessment Form (AHCA Form 1823). The contract did not include a provision stating that the health assessment form 1823 must be updated every three years there after or upon significant change.

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2. Record review for resident #2 revealed a facility contract dated . . . . . A provision in the contract read that the resident must be assessed face to fact by a health care provider 60 days prior to admission or within 30 days after. The facility contract did not include as part of the provision the statement that the health assessment form 1823 must be updated every three years thereafter or upon significant change.

In an interview at approximately 2:10 PM on , the administrator stated she was not aware of the second part of the provision.

Class . .

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
A Place Like Home Alf, Inc
1971 Port Malabar Blvd
Palm Bay, FL 32905

RE: Biennial relicensure

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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