STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966414	12/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Home Sweet Home Of Palm Coast,	6 Emerson Dr Palm Coast, FL 32164	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff 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 - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments
An abbreviated licensure survey was conducted on Home Sweet Home Assisted Living Facility had licensure deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and staff interview, the facility failed to submit written statements from a health care provider documenting that hired staff do not have signs and symptoms of communicable for 3 out of 4 sampled employees. (Employee's A,B&D)

The finding include:

Record review of Employee A (Date of hire revealed no documentation by a health care provider stating she is free from communicable

During an interview on at 12:30pm with the owner she confirmed that she does not have written documentation by a health care provider that she is free from communicable

Record review of Employee B (Date of hire revealed no documentation by a health care provider stating she is free from communicable

During an interview on at 12:50pm with the owner, it was confirmed that Employee B (Date of hire does not have written documentation by a health care provider that she is free from communicable

Record review of Employee D revealed no written documentation by a health care provider that she is free from communicable diseease.

During an interview on at 1:00pm with the owner she confirmed that Employee D does not have written documentation from a health care provider that she is free from communicable

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and staff interview, the facility failed to provide the minimum 1 hour inservice training for Activity of Daily Living (ADL) and Behavioral Needs training for 1 out of 4 sampled employees. (Employee D)

The findings include:

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Record review for Employee D (Date of hire revealed no documentation of the required 1 hour inservice for Activities of Daily Living (ADL) and Behavioral Needs.

During an interview on at 1:10pm with the owner she confirmed that Employee D (Date of hire did not have the required 1 hour inservice on ADL and Behavioral Needs training.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and staff interview, the facility failed to obtain the annual 2 hours of continuing education training on providng assistance with self-administered medication for 1 out of 4 sampled employees. (Employee B).

The findings include:

Record review of Employee B revealed no documentation of the required annual 2 hour continuing education for assistance with self-administered medication. She confirmed Employee B assisted with self-administration with medication.

During an interview on at 12:40pm with the owner, she confirmed that Employee B did not have the required annual 2 hour continuing education for assistance with self-administered medication.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and staff interview, the facility failed to provide the required 1 hour training in the facility's policies and procedures regarding for 3 out of 4 sampled employees. (Employees B,C&D).

The findings include:

Record review for Employee B (Date of hire revealed no documentation of the required 1 hour training.

During an interview on at 1:15pm with the owner she confirmed that Employee B (Date of hire did not have the training.

Record review for Employee C revealed no documentation of the required 1 hour training.

During an interview on at 1:15pm with the owner she confirmed that Employee C did not have the training.

Record review for Employee D (Date of hire revealed no documentation of the required 1 hour

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training.

During an interview on ..... at 1:20pm with the owner she confirmed that Employee D did not have the ..... training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Home Sweet Home Of Palm Coast,
6 Emerson Dr
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a state licensure abbreviated survey that was conducted on 2014 by a representative 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. Should you have any questions please call this office at

Sincerely,

Jana Meyering

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

PM/JM/sm
Enclosure

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