STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942986	01/09/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Nurse's Helping Hands Alf Inc.	7191 71st Street North Pinellas Park, FL 33781	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

Assisted Living Facility

An unannounced abbreviated biennial licensure survey was conducted on .

The Nurse's Helping Hands Assisted Living Facility had deficiencies found at the time of the survey.

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

Based on observation and interview, the facility failed to follow the assisting with the self- administration of medication procedures by not following the hand washing guidelines indicated in the medication training process for three (Resident #1, Resident #3 & Resident #7) of three residents observed receiving their medication during the noon medication pass.

Findings Include:

Observation of the noon medication pass on at 11:45 a.m. revealed staff #D pushed the medication cart out of the nurse's office and brought it to resident #1 . He reviewed the medication observation record (MOR) to see what medication she was getting. He took out the medication card and placed the medication in the souffle cup in front of the resident and went to the resident and called her by name and told the resident what she would be taking. He handed her the cup with the medication in it and she took the medication with the water that was on the table. She handed the souffle cup back to staff #D. He went and initialed the MOR.

Staff #D did not wash or sanitize his hands at the beginning of the medication pass and he started the next medication pass without washing his hands. Staff #D was observed assisting Resident #3 and Resident #7 with their medications without washing or sanitizing his hands.

Staff #D had four hours of medication training done on // and two hours of updated medication training on . The medication training procedure states handwashing or sanitizing of the hands should be done before the residents receives their medications.

When interviewed on at 2:00 p.m., staff #D stated he was so nervous that he just blanked out and forgot to wash his hands.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942986	01/09/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Nurse's Helping Hands Alf Inc.	7191 71st Street North Pinellas Park, FL 33781	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation and interview, the facility failed to notify the residents before or when the meal was served that there were two substitutions of food for the noon meal.

Findings Include:

Observation of the facility menu during the facility tour on revealed the meal was fried fish, oven fried potatoes, sauteed string beans, assorted breads/rolls with margarine and bread pudding.

Observation of the noon meal on revealed there were two substitutions for the lunch menu. One was one half baked potato for oven fried potatoes and the other was broccoli for string beans. The substitutions were of equal nutritive value but it was not posted for the residents before or when the meal was served.

When interviewed the cook on at 12:15 p.m., stated he got busy and forgot to post it.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Nurse's Helping Hands Alf Inc.
7191 71st Street North
Pinellas Park, FL 33781

Dear Administrator:

This letter reports the findings of a abbreviated state licensure survey that was conducted on , 2015 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) 55202000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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