STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966416	01/22/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rebecca's House	6711 Nw 46th Court Lauderhill, FL 33319	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on at Rebecca's House. The facility had a deficiency found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review, observations and interview, it was determined the facility failed to ensure that 1 of 4 sampled residents (Resident #2) upon significant physical and health changes was reassessed by a healthcare provider to ensure the resident met the criteria for continued residency . It was also determined the facility failed to ensure a resident's health assessment (AHCA form 1823) was accurate and reflective of a resident current care needs. As evidenced of Resident #2's AHCA form 1823 did not contain all of the resident's current diagnoses and current activities of daily living(ADL) levels.

The findings include:

Record review revealed Resident #2 was admitted to the facility on Resident #2's Health Assessment dated documented medical history and diagnoses as D deficiency, unsteady gait. The form documented "none" for physical or sensory limitations and service requirements. The resident's /behavioral status documented as poor. The resident is also noted as requiring assistance with all ADLS. The form also notes the resident requires assistance with self-administration of medications and needs medication administration.

Further record review revealed another health assessment for Resident #2 dated documented medical diagnosis as OMS (Opsoclonus Myoclonus Debility, Physical/sensory limitation (also noted under service requirements) documented as monitor or behavioral status noted as Special precautions noted as safety. The resident is also noted as requiring assistance with all ADLS. The form also notes the resident requires needs assistance with self-administration of medications and needs medication administration.

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During an interview with the Administrator at 10 AM on , she stated the resident has exhibited a significant health decline (including ADL levels) within the last year. She also stated the resident still has the same diagnoses as documented on the health assessment dated . She further stated that the resident is not able to assist in self-administration of her medications and requires medication administration and that she is unable to feed herself. However, she confirmed that the new Health Assessment did not contain all of her current diagnoses. Further interview revealed she didn't know what the diagnosis of OMS meant.

Observations of Resident #2 during the hours of 10 AM to 4 PM on , revealed the following. On between 11AM to 12 PM, the resident was observed sleeping on a couch. During lunch at about 12:15 PM, she was still laying down on the couch. An interview with the Administrator revealed that Resident #2 does not sleep much at night and that she does much of her sleeping during the day. The Administrator further stated as a result, Resident #2 does not like to eat until later during the day. Further observations revealed that Resident #2 required the assistance of two staff members to transfer from her wheelchair to the couch and that she was non-ambulatory. According the Administrator the resident is unable to transfer or ambulate without total assistance.

Further record review revealed the resident was not enrolled in Hospice services. A follow-up interview with the Administrator at 3:00 PM on confirmed the findings.

The Administrator at 4 PM on confirmed aforementioned and stated that no further documentation was available for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Rebecca's House
6711 NW 46th Court
Lauderhill, FL 33319

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 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 (30) days*** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **03/04/2015** 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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