STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968601	03/09/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hb Anderson Home	127/131 West Blue Heron Boulevard Riviera Beach, FL 33404	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 429.26(4-6) Fs; 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR#2014011513, was conducted on 2015 and 2015 at HB Anderson Home. The facility had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 429.26(4-6) FS; 58A-5.0181(2) FAC
Based on record review and an interview, the facility failed to ensure health assessments (AHCA Form 1823) were completed for 2 out of 3 sampled residents (Resident #1 and #3).

The findings include:

On at 1:30 PM, the health assessments for Resident #1 and #3 were requested from the Administrator. She was unable to find any health assessment completed for Resident #1 who was admitted to the facility on Resident #3 was admitted on and had a completed assessment on file without a date of exam documented. During interview with the Administrator at this time, she stated she could not find Resident #1's assessment and did not know the date of exam for Resident #3's assessment.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and an interview, the facility failed to ensure that 2 out of 2 sampled staff members (Staff A and B) who provide direct care to residents had received the required in-service training (a minimum of 1 hour) within 30 days of employment.

The findings include:

Review of the personnel files for Staff A (hired and B (hired who provide direct care to residents revealed there was no documentation of training dated within 30 days of hire that covers the following subjects:

1. Reporting of major incidents; reporting adverse incidents; and, facility emergency procedures

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including chain of command and staff roles relating to emergency evacuation.

2. In-service training regarding the facility's resident elopement response policies and procedures.

Staff A stated during interview at 1:00 PM on [redacted] stated that she did not know what "elopement" was. She had not received a copy of the facility ' s resident elopement response policies and procedures. During this interview, the Administrator was present and stated she had not trained Staff A and B in incident reporting or the facility's elopement response policies and procedures.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC
Based on record review and an interview, the facility failed to ensure 1 day and 15 day adverse incident reports were filed with the Agency for 1 out of 3 sampled residents (Resident #1).

The findings include:

On [redacted] at 1:00 PM, the Administrator stated during interview that Resident #1 had eloped from the facility on [redacted]. A review of "{city name} Police Department Missing Person Documentation" report completed by the Administrator, dated [redacted], marked the resident with [redacted] and Endangered". While discussing if the resident was at risk for harm or injury while missing, the Administrator acknowledged that he was at risk since the resident had a diagnosis of [redacted] and required medication. She stated she did not know an adverse incident report was required for elopements. Review of the facility records revealed no adverse incident report had been completed for Resident #1. Review of Agency records on [redacted] revealed no adverse incident report was filed with the Agency for Resident #1's elopement on [redacted].

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Hb Anderson Home
West Blue Heron Boulevard
Riviera Beach, FL 33404

RE: CCR #2014011513

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on 2015 and 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 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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