| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967975 | 06/26/2015 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| HOGAR DULCE HOGAR | 5597 WENDY LN<br>NAPLES, FL 34112 | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - Initial Comments**

An unannounced Complaint Survey, CCR# 2015005145 was conducted on [redacted] to [redacted] at Hogar Dulce Hogar, an Assisted Living Facility (ALF) in Naples, Florida.

The complaint contained 1 allegation, of which 1 allegation was substantiated with a deficiency.

**0163 - Records - Resident, Penalties for Alteration - 429.49 FS**

Based on record review and interview, the facility failed to prevent the falsification of medical records for 1 (Resident #1) of 6 residents residing at Hogar Dulce Hogar.

The findings include:

1. During a telephone interview on [redacted] at approximately 10:30 a.m., with a Case manager (CM1), she said she was the previous Case Manager for Resident #1 at the David Lawrence Center, a mental health provider in Naples, Florida.

She said Resident #1 moved to Hogar Dulce Hogar, an Assisted Living Facility (ALF) in Naples, Florida, in 2011. Resident #1 was transferred to David Lawrence Center on [redacted] for mental health services.

CM1 said she discharged Resident #1 on [redacted] because his needs were being met at Hogar Dulce Hogar. She said her last visit with the resident was on [redacted] and had no further contact with Resident #1 or staff at Hogar Dulce Hogar since that time. She verified she did not sign any further documents after [redacted]. She is unaware who signed her name to the document dated [redacted]. She stated, "No one at this facility would sign another person's name to any form." She said she became aware of the "forged" document when a new case manager (CM2) came back with a copy of the form dated [redacted] with her misspelled name on it.

2. In an interview with Administrator on [redacted] at 10:30 a.m. (translated by son) he said the only documents he has are documents received from the case managers at David Lawrence Center. He said he went to the David Lawrence Center and picked up the form, but did not remember who he spoke with. He said he calls Maria and she provides him with new paperwork every year. He brings the documents back to the facility and has the Resident sign the document and he signs it before placing the documents in the Residents record.

3. During a telephone interview [redacted] at 10:15 a.m. with the Clinical Records Department Staff of David Lawrence Center, she stated she did not start working for David Lawrence Center until [redacted] and did not provide any documentation to the Administrator of Hogar Dulce Hogar dated [redacted]. She said when paperwork is given to a client or a representative, a copy of that documentation is placed in the clients file. She has no documentation dated [redacted] in the clients file.

4. During a second interview with CM1 on [redacted] at 10:30 a.m., she said is unaware if Resident #1 received any

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0163** Continued From page 1

services during that time period, but there was nothing in his file indicating he received services.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Hogar Dulce Hogar
5597 Wendy Ln
Naples, FL 34112

**RE: CCR #2015005145**

Dear Administrator:

This letter reports the findings of a 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. **Please forward documentation of correction to the Field Office.** 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 this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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