STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965243	07/15/2015
NAME OF PROVIDER OR SUPPLIER **FRIENDS AT HOME ASSISTED LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3680 CANAVERAL GROVES BLVD.** **COCOA, FL 32926**	

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

0000 Initial Comments

The re-licensure survey was conducted on . Friends at Home Assisted Living Facility had deficiencies found at the time of the visit.

0007 Admissions - Criteria

Based on record review and interview the facility failed to ensure an Assisted Living Facility Health Assessment Form (1823) was completed upon admission for 1 of 2 sampled residents (#2).

Findings:

Resident record review revealed an Assisted Living Facility Health Assessment Form (1823) dated ../..

Review of the Admission/discharge log revealed resident #2 was admitted on ../../..

There was no documentation to indicate an 1823 was completed upon admission.

In an interview with the administrator on / / at approximately 3:30 PM who was not aware a new 1823 needed to be completed when a resident moved from one of her facilities to another facility that she owned.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview the facility failed to ensure medications were kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times.
Findings:
Observation on at 11:30 AM revealed the following medications were left unattended in the , in the rear of the facility:
(cream) one tube
5% (for skin) - one tube
cream - one tube

In an interview with the administrator on / / at approximately 3:30 PM, she was not aware the medications were not secured and were in the .

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	AL11965243	07/15/2015
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Class III

0056 Medication - Labeling and Orders

Based on observation and interview the facility failed to ensure that no prescription for self-administration, assistance with self-administration, or administration were stored unless it was properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C.

Findings:
Observation on at 11:30 AM revealed the following medications were not labeled were in the ; in the rear of the facility:
(cream) one tube
5% (for skin) - one tube
cream - one tube

In an interview with the administrator on / / at approximately 3:30 PM, she was not aware the medications were not labeled.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to ensure they provided a safe, homelike environment and repaired flooring when it was damaged by water.

Findings:

Observation on / at approximately 11 AM revealed the flooring in the hallway on the right side of the facility, near the , and in the flooring in last the right, rear of the facility was buckling or was not properly glued to the floor.
Interview with the Staff C on at approximately 11 AM, who stated there had been a water leak from the a water leak from the air conditioner that came under the wall and damaged the floors.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965243	**07/15/2015**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0167 Resident Contracts

Based on record review and interview the facility failed to ensure a contract was executed upon admission for 1 of 2 sampled residents (#2).

Findings:

Review of the Admission/discharge log revealed resident #2 was admitted on ../../..

Review of the contract revealed it was dated . There was no documentation to review that indicated a contract was executed upon admission to the facility.

In an interview with the administrator on at approximately 3:30 PM who was not aware a new contract needed to be completed when a resident moved from one of her facilities to another facility that she owned.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Friends At Home Assisted Living, Inc
3680 Canaveral Groves Blvd.
Cocoa, FL 32926

RE: Relicensure

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 attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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