STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910713	08/12/2015
NAME OF PROVIDER OR SUPPLIER **NEW HOPE GROUP HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **6021 DUVAL STREET** **HOLLYWOOD, FL 33024**	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted at on 12, 2015 at New Hope Group Home with Limited Mental Health component. The facility had deficiencies found at time of the survey.

0010 Admissions - Continued Residency

Based on observation, record review and interview the facility's failure to properly assess, monitor and document the required nursing care and services for 1 out 2 (#2) sampled residents. Facility failed to ensure that 1 of 2 sampled residents (Residents # 2) had an accurate and completed health assessment with significant change in medical condition.

Findings included:

Observation on at 8:20 am revealed there was no medication ( ) inside of the refrigerator at time of survey.

Record review on / revealed Resident #2 did not have ' order in his file. Resident #2 ' s Form 1823 did not have diagnosis of .

Record review on revealed Resident #2 ' s Form 1823 reflected his diagnosed as , and .

Record review on / revealed Resident #2 ' s Form 1823 stated that he needed assistance for self-administration of medication.

Interview on / at 9:10 am revealed Staff A stated, " Resident # 2 is dependent, and he administers the medication himself; he keeps the medication in his ; it is not refrigerated."

Interview on / at 9:10 am revealed Resident #2 stated, " Yes, I am dependent; I have my in my draw."

Interview on / at 9:10 am revealed Administrator stated, " Yes, he can administer the himself; however, I have no documentation in written to confirm this information." The Administrator stated, "The is put inside of the refrigerator for a moment. "

Class III

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0032 Resident Care - Elopement Standards

Based on record review, observation and interview, the facility failed to have at least 2 elopement drills performed per year.

Findings included:

Record review on / revealed there was no documentation of the last elopement drill the facility performed. Observed on / at 10:50 AM, revealed Administrator looking in the facility records; however, there was no elopement drill at time of survey.

During an interview on / at 1:00 PM, the Administrator stated that there was no elopement drill in facility at time of survey.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the facility failed to provide proper assistance with self-administration of medication, for 3 out of 6 (1, 3 and 5) sampled residents.

Findings included:
a) Observation on / at 8:20 am revealed Staff B put all the medications (4 mg, ER 20 MEQ, DR 10 mg, 500 mg, 10 mg, 500 mg, MES 2 mg) belonging to Resident #1 on a napkin on the top of the table next to Resident #1's breakfast. Resident #1 was not observed seated at the table at this time.
Observation on / at 9:00 am revealed Resident #1 seated to have lunch; Staff B continued serving breakfast, and Staff B did not wait to see when Resident # 1 swallowed the medications. She did not have the MOR and she was not observed to inform the resident of the name(s) of the medications.

b) Observation on / at 8:20 am revealed Staff B put all the medications (CD 120 MG, 50 mg, 5 mg, Trihexy Phenidyl 2 mg) belonging to Resident #3 on a napkin on the top of the table next to his breakfast. Staff B continued serving breakfast; Staff B did not wait to see when Resident # 3 swallowed the medications. She did not have the MOR and she was not observed to inform the resident of the name(s) of the medications.
c) Observation on / / at 8:20 am revealed Staff B put all the medications (300 mg, 100 mg, 20 mg, 81 mg, 500 mg, Beztropine MES 2 mg, 20 mg, 100 mg) belonging to Resident #5 seated on a napkin on the top of the

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table next to his breakfast. Staff B continued serving breakfast; Staff B did not wait to see when Resident # 4 swallowed the medications. She did not have the MOR and she was not observed to inform the resident of the name(s) of the medications.

Record review on / / revealed Medication Observation Record (MOR) reflected Residents' (1, 3 and 5) medications initialized as given at 7:00 am. Interview on / at 8:20 am revealed Staff B stated " This is the best way to make sure Residents 1, 3 and 5 have their medications. "
Interview on / / at 11:00 am revealed Administrator acknowledged that Staff B did not follow medication self-administration procedure.
Class III

0077 Staffing Standards - Administrators

Based on record review and interview, the assisted living facility failed to have proof of the administrator's high school diploma or GED.

Findings included:

Record review on revealed facility's administrator (hired on) did not have evidence of having a high school diploma or its equivalent.

Record review on / / revealed the facility's Assistant Administrator/Staff B (hired on) did not have evidence of having a high school diploma or its equivalent.

Interview on / / at 12:30 pm revealed Administrator acknowledged she did not have her high school diploma in her personal ' s file. Administrator also stated, " Staff B did not have evidence of having a high school diploma here."

Class III

0078 Staffing Standards - Staff

Based on observation, record review, and interview, it was determined the facility failed to ensure for one out of three (Staff B) staff had evidence of a negative ( ) test.

Findings included:

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Observation on 8/12/15 at 9:00 am revealed that Staff B providing care and assisting a census of 10 residents.

Record review on 8/12/15 revealed Staff B's (hired on 8/13/13) last test was not in file at time of survey.

During an interview on / at 11:00 am, the Administrator and Staff B acknowledged that Staff B did not have a test in file at survey time.

Class III

0080 Training - Core & Competency Test

Based on record review and interview, the assisted living facility failed to ensure that the facility's Assistant Administrator (Manager) had completed the required 12 hours of continuing education training within the record.

Findings included:

Record review on / revealed the facility's Assistant Administrator (hired on) had completed and passed the CORE training competency passed test on . Record review on revealed the facility's Assistant Administrator did not have any documentation within the file indicating this employee had completed the required 12 hours of continuing education within the last two years.

During an interview on / at 1:00 pm, the Administrator stated, " Staff A had all his in-service , but I have to look for them."

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the assisted living facility failed to provide a safe living environment and an environment free of hazards.

Findings included:

a)Observation during the facility tour on / at 9:10 AM, found that Residents' sheets (Resident

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#1-#10) sheets dirty and smelly.

b) Observation on 8/12/15 at 9:10 am revealed facility back door and windows were opened because the AC unit was off. Facility temperature was extremely warm. Observation on 8/12/15 at 11:00 am revealed Administrator taking a control out of the medication car (locked) to put on the AC.

A confidential Interview on / between 10:00 am 2:00 pm revealed that all the beds in the facility had bedbugs. Also, confidential interview revealed that the facility is always warm.

Interview on / at 11:00 am revealed Administrator stated, " I have no Central AC because the City do not allow it in this facility; they stated the ceiling is too low. I keep the wall AC off to save electricity; however, when it is warm I turn the unit on."

During an interview on / at 1:00 PM with the Administrator stated, " The facility is okay, and I have no complaints from Residents; I will send the sheets to clean. "

Class III

0162 Records - Resident

Based on record review and interview, the facility failed to have an Informed Consent for unlicensed staff to assist with self-administration of medication, for 1 out of 2 sampled residents' records reviewed (Resident #2).

Findings included:

Record review on / / revealed Resident #2 was admitted to the facility on /. Further record review revealed Resident #2's did not have an Informed Consent for unlicensed staff to assist with self-administration of medication in file.

During an interview on at 12:00 pm with the Administrator, she acknowledged that Resident #2 did not have an Informed Consent for unlicensed staff to assist with self-administration of medication at time of survey.

Class III

L243 LMH - Training

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Based on record review and interview, the facility failed to ensure that 1 out of 4 (staff A) employees had received the required 3 hours of continuing education training in topics related Limited Mental Health (LMH).

Findings include:

Record review on / revealed that the facility failed to provide 3 hours of training in Limited Mental Health to staff A. Record review on _/ revealed Staff A last LMH training was on / / for 3 hours.

During an interview on with the Administrator, she acknowledged that Staff A did not have an updated training for LMH.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
New Hope Group Home
6021 Duval Street
Hollywood, FL 33024

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a Relicensure 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 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene o-Davis
Field Office Manager

AMD
Enclosure

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