AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932691	09/03/2015
NAME OF PROVIDER OR SUPPLIER **AT HOME WITH FRIENDS**	STREET ADDRESS, CITY, STATE, ZIP CODE **3901 W. PLATT STREET** **TAMPA, FL 33609**	

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

0000 Initial Comments

Assisted Living Facility

A abbreviated biennial state licensure survey was conducted on .

At Home With Friends, Assisted Living Facility, had deficiencies identified at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observation, record review and interview, one of one staff observed (B) did not fully adhere to the procedures described in Section 429.256 with respect to providing assistance with medication self-administration to four of four residents (#3; 4; 5; 6) who received pharmaceuticals during the noon meal. Findings include:

From approximately 12:25pm to 12:40pm on , Staff B was observed doing the following:
a) after placing Resident 6's noon time tablet (25mg) in a small plastic cup by the main medication cabinet, she documented in the medication observation record (MOR) that she had seen the resident consume the drug; when she took the pill to the resident, Staff B stated "I got your pill and your patch for you!";
b) the staff person documented in Resident #4's MOR in advance of actually switching patches; this employee took it to the resident and simply stated "I have your patch!";
c) Staff B was noted placing Resident #5's , tablet in a plastic cup, at which time she initialed in the MOR; she then took it to the resident and didn't say anything--simply handing the resident the medication; and
d) this employee was observed placing 50 mg and 5mg into a plastic cup for Resident #3; at this time, she initialed in the MOR that the resident had consumed both drugs. Upon presenting these pharmaceuticals, Staff B did not read the pharmacy labels nor explain what the medications were to the resident.

Interview with Staff B at approximately 2pm on confirmed that she did not always identify the medications as completely as she should. She also indicated that "she had been trained differently with respect to the timing/system of documentation regarding resident consumption, etc.

Class III

AGENCY FOR HEALTH CARE ADMINISTRATION

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0080 Training - Core & Competency Test

Based on record review and interview, the administrator had not obtained the minimum number of continuing education hours within the last two (2) years. Findings include:

A review of the administrator's personnel file during the survey revealed that the total number of continuing education hours obtained since was five (5). Interview with the designee at approximately 1:30pm on indicated that she did not know if there were additional materials that had been misfiled that would help address this requirement.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview, one of two staff sampled who assisted residents with medication self-administration (C) had not received the 2 hour update training in safe medication practices on an annual basis. Findings include:

A personnel record review during the survey indicated that Staff C's latest 2 hour medication update was from . Further review of the file found no subsequent training in medication-related topics for Staff C. Interview with the designee at approximately 1:50pm on provided no explanation for this discrepancy.

Class III

0085 Training - Nutrition & Food Service

Based on record review and interview, none of the three staff sampled (A-C) had obtained the 2 hours continuing education in topics pertinent to nutrition/food service in an assisted living facility on an annual basis. Findings include:

In an interview with the designee at approximately 11:10am on , she stated that the administrator (A) was in charge of the facility's food service. Review of the administrator's personnel file found a 2 hr. nutritional update from but no subsequent training since then. Although review of the records for Staff B and C found training in food handling, no current 2 hour nutrition certificates could be located. Interview with the designee at approximately 1:25pm on provided no clarification.

Class III

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0093 Food Service - Dietary Standards

Based on record review and interview, the facility did not fully comply with all major dietary standards. Findings include:

A review of the menu that was currently posted found a document that had last been reviewed/approved [redacted]. Although a review of the facility's dietary binder contained menus that had been reviewed and approved [redacted], these were still out of date. In addition, the lunch served during the day of the survey did not coincide with the planned menu items, and the designee wrote it down on an piece of paper. Upon being asked where the facility's menu substitution log was, she stated that "these documents were with the administrator at her home."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 1, 2015

Administrator
At Home With Friends
3901 W. Platt Street
Tampa, FL 33609

Dear Administrator:

This letter reports the findings of a abbreviated bienneal 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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 **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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