STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968540	09/11/2015
NAME OF PROVIDER OR SUPPLIER **HONOR HOUSE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1912 DOVE FIELD PL BRANDON, FL 33510**	

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

0000 Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on [redacted].

Honor House Assisted Living, had deficiencies identified at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview, the health assessment for one of two residents sampled (#2) did not contain all required elements of information.

Findings include:

A review of resident records revealed that the health assessment for Resident #2 did not address whether this individual would require any assistance with the administration of medication; this part of the document was completely blank. Interview with the administrator at approximately 1:10 p.m. on [redacted] provided no clarification for this omission.

Class III

0076 [redacted]

Based on record review and interview, the file for one of two residents sampled (Resident #2) did not contain documentation indicating whether a Florida [redacted] (DH Form 1896) had been offered to the Resident.

Findings include:

Although resident record review indicated that Resident #2 had some forms pertaining to [redacted] and Advance Directives, further review revealed that these documents were blank. In addition, no DH Form 1896 could be found. An interview with the administrator at approximately 1:45 p.m. on [redacted] provided no clarification as to why these forms were not filled out.

Class III

0078 Staffing Standards - Staff

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968540	09/11/2015
NAME OF PROVIDER OR SUPPLIER **HONOR HOUSE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1912 DOVE FIELD PL BRANDON, FL 33510**	

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

Based on record review and interview, two of two staff sampled (A and B) had not had their freedom from ( ) documented on an annual basis.

Findings include:

A personnel file review during the / survey revealed that the latest evaluation for Staff A and Staff B was from of 2013 for both employees. However, these had expired in 2014 and further review found no subsequent statement for either individual. An interview with the administrator at approximately 1:35 p.m. on / confirmed that no other assessment had been obtained for Staff A or B.

Class III

0085 Training - Nutrition & Food Service

Based on record review and interview, the administrator had not obtained the required two hour update training in topics pertinent to nutrition and food service in an Assisted Living Facility on an annual basis.

Findings include:

An interview with the administrator at approximately 11:40 a.m. on / indicated that he was in charge of the facilitys' food service. Although review of the administrator's personnel file found a two hour nutrition certificate from 2014, further review found no evidence that subsequent training in nutritional topics had been taken. This was validated further in an interview with the administrator at approximately 2:00 p.m. on / .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 1, 2015

Administrator
Honor House Assisted Living Facility
1912 Dove Field PL
Brandon, FL 33510

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on September 1, 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 October 1, 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,

Teresa Ryan RNC

Patricia Reid Caufman
Field Office Manager

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

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