STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964501	**09/29/2015**
NAME OF PROVIDER OR SUPPLIER **OUR HOUSE ALF, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **315 WAINAI DRIVE MERRITT ISLAND, FL 32952**	

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

0000 Initial Comments

A biennial re-licensure survey was conducted at Our House Assisted Living Facility, Inc., on / . Our House Assisted Living Facility had deficiencies found at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observation and interview the facility failed to ensure that when unlicensed staff provided assistance with self-administration of medications, the staff followed the appropriate procedure to take the medication, in its dispensed, properly labeled container to the resident, read the label, place the medication in a cup in the resident's hand and prompt the resident to take the medication for 1 of 5 sampled residents (#1).

Findings:

Observation of the Medication Pass on / at approximately 2 PM revealed Staff A, the unlicensed staff, obtained ( ) and (for pain) from locked storage, compared Medication Observation Record to label, crushed the medication and put in applesauce and fed the medication to the resident with a spoon.

The unlicensed staff did follow the proper procedure when assisting with medication and did not take the medication in the original package to the resident, read the label, place the medication cup in the resident's hand and prompt the resident to take the medication.

In an interview with the owner on / at approximately 3 PM who was not aware the staff was not following the proper procedure when assisting the resident with medications.

Class III

0053 Medication - Administration

Based on observation and interview the facility failed to ensure a nurse was available to administer medications to 1 of 5 sampled residents (#1).

Findings:

Observation on / at approximately 2 PM revealed Staff A, the unlicensed staff obtained the medication from locked storage, compared the Medication Observation Record to label, crushed the

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( ) and (for pain) and put them in applesauce and administered the medications in the applesauce to the resident on a spoon.

The facility did not have a nurse available to administer medications to the resident.

In an interview with the owner on / at approximately 3 PM who stated they did not have a nurse available to administer medications to the resident.

Class III

0162 Records - Resident

Based on record review and interview the facility failed to ensure resident records contained the required information for 1 of 5 sampled residents (#1).

Findings:

Review of the admission discharge log revealed resident #1 was admitted on . There was no documentation to review that indicated an Assisted Living Facility Health Assessment Form (1823) was completed upon admission.

Observation on at approximately 9:30 AM revealed resident #1 had 1/2 side rails on her bed. Attempted interview with the resident on at approximately 10 AM revealed the resident was , did not respond to questions. The resident was and on hospice, and was unable to raise of lower the rails.

Resident record review revealed there was no documentation to review that indicated the facility obtained a physician order for the use of the rails.

In an interview with the owner on / at approximately 2 PM who stated she was unable to locate the 1823 and did not have the physician order for the use of the rails.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Our House Alf, Inc.
315 Wainai Drive
Merritt Island, FL 32952

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 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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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