STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968557	11/18/2015
NAME OF PROVIDER OR SUPPLIER **FAITH HOME CARE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **114 EUCLID AVE** **SEFFNER, FL 33584**	

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

0000 Initial Comments

Assisted Living Facility Licensure

A biennial relicensure survey with limited nursing services was conducted at Faith Home Care ALF, Inc. on / / . Faith Home Care ALF, Inc. had deficiencies identified during the survey.

0052 Medication - Assistance with Self-Admin

Based on the observation of the Medication Observation Review task, the facility failed to ensure proper control procedures relating to medication that appeared to be contaminated that was replaced back in the medication card and answering her personal phone while preparing medications with gloves on for one (Resident # 1) out of two residents sampled.

Findings include:

At 1:45 PM on , 2015, the Administrator, during the Medication Observation task answered her personal phone with her gloves on during preparation of Resident #1' s medication while at her bedside. She walked out of the the phone, leaving the residents medications at the bedside and quickly returned to complete the task. The Administrator picked up a pill that on the nightstand from a pack and placed it back in, securing it with scotch tape.

At 2:30 PM, the Administrator acknowledged she picked the pill up off of the top of the nightstand that could have been contaminated and returned it to the pack. She also acknowledged answering her phone with the gloves on.

A review of the Med Tech training manual from the Department of Elder Affairs, , 2012 reveals washing hands before and after assisting with medications. Skill Evaluation #2, steps 1 and 11.

Class III

0053 Medication - Administration

Based on observation, interview and a review of the training manual, the facility allowed an unlicensed staff member to administer medication via a for one resident (#2) out of two sampled.

Findings include:

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During an observation of the medication task on , 2015 at 1:30 PM, the Administrator brought the medication into resident #2 ' s I moved machine closer to the resident on the over bed table. The Administrator placed medication in the chamber of the machine with gloved hands, gently placed the mask on residents face after explaining procedure to him.

The Administrator confirmed at 2:15 PM that she has been administering mediation to resident.

A review of the Med Tech training manual from the Department of Elder Affairs, , 2012 reveals Administration of Medication is forbidden by licensed personnel, page 13.

Class III

0081 Training - Staff In-Service

Based on record review and interview the facility failed to provide the three hour Activities of Daily Living (ADL) training for one (Staff C) out of three direct care staff sampled for ADL training.

Finings include:

A review of direct care Staff Cs personnel and training file revealed that the ADL three hour training was not provided. Date of hire was .

An interview with the administrator at 2:30 PM on I/ confirms this finding.

Class III

0083 Training - First Aid and

Based on interview and record review, the facility failed to show proof of a currently valid card documenting proof of training (Training) for 1 (Staff B) of 3 employee records reviewed.

Findings include:

During a review of employee records, it was discovered that Staff B ' s Training card had expired on I/ . The facility ' s schedule indicated that Staff B works alone on the 11 PM-7 AM shift.

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SUMMARY STATEMENT OF DEFICIENCIES
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The expired Training card was brought to the attention of the administrator. The administrator was unable to show proof of a current Training card.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on interview and record review, the facility failed to ensure that personnel who assist with self-administration of medications received a minimum of 2 hours of annual continuing education training (Med Tech Update) for 1 (Staff B) of 3 employee records reviewed.

Findings include:

An employee record review was conducted on /
A review of Staff B ' s record showed the initial training for assistance with self-administration of medication was completed on / . The record also showed Staff B ' s Med Tech Update with a date of . Staff B ' s record did not contain proof of the required Med Tech Update for 2014.

Staff B was observed providing assistance with self-administration of medications on /

An interview was conducted with the administrator on / / . The administrator was not able to produce the required proof of Med Tech Update for the year 2014.

Class III

0090 Trainina -

Based on record review and interview the facility failed to provide the one hour ( ) training for one (Staff C) out of three direct care staff sampled for training.

Findings include:

A review of direct care Staff Cs personnel and training file revealed that the ( ) one hour training was not provided. Date of hire was .

An interview with the administrator at 2:30PM on / confirms this finding.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0161 Records - Staff

Based on interview and record review, the facility failed to maintain personnel records for each staff member that contained an application with references furnished for 1 (Staff A) of 3 employee records reviewed.

Findings include:

A review of employee records on 1/ revealed that Staff A ' s employment application did not contain any references to be checked by administration.

An interview was conducted with the administrator concerning the lack of references on Staff A ' s application. The administrator acknowledged the lack of required references on the application.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Faith Home Care Alf Inc
114 Euclid Ave
Seffner, FL 33584

Dear Administrator;

This letter reports the findings of a biennial state licensure survey with limited nursing services (LNS) 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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