STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953250	10/26/2015
NAME OF PROVIDER OR SUPPLIER **HOMESTEAD RETIREMENT**	STREET ADDRESS, CITY, STATE, ZIP CODE **1117 MASSACHUSETTS AVENUE** **SAINT CLOUD, FL 34769**	

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

0000 Initial Comments

Complaint Investigation #2014012465 was conducted on . Homestead Retirement had a deficiency found at the time of the visit.

0025 Resident Care - Supervision

Based on record review and interview, the facility failed to provide care and services appropriate to the needs of 4 of 8 residents (#4, 5, 6 & 8), and failed to ensure the residents took their medications as ordered by the physician.

Findings:

1. Resident record review for Resident #4 revealed a health assessment report 1823 dated / / that listed diagnoses of type and high . He needed assistance with self-administration of medications. The 2014 Medication Observation Record (MOR) listed 40 milligrams (mg.), 20 mg., and 50 mg. twice dally (8 AM & 8 PM). The medications had the staff initials circled on / at 8 PM. The entry on the back page of the MOR indicated all 8 PM medications were not dispensed; he was no show.

2. Resident record review for Resident #5 revealed a health assessment report 1823 dated / that listed diagnoses of and . He needed assistance with self-administration of medications. The 2014 MOR listed 500 mg. one tablet in AM and 2 at bedtime; 3 mg. twice a day and 2 mg. twice daily. The MOR had staff initials circled on in AM and / AM and PM. The back page of the MOR indicated that medications were not dispensed; he was no show.

3. Resident record review for Resident #6 revealed a health assessment report 1823 dated / that listed diagnoses of incontinence, . He needed assistance with self-administration of medications. The 2014 MOR listed 20 mg. daily and had staff initials circled from / to / , to and / / to .

4. Resident record review for Resident #8 revealed a health assessment report 1823 dated / that listed diagnoses of , and . He assessment did not addressed the resident's need with regards to self-administration of medications. The 2014 MOR listed 60 mg. 4 times a day, and 50 mg. two tablet 3 times a day and had initials on / in PM. The back page of the MOR indicated all 4 PM medications were not dispensed; he was a no show.

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On at 1 PM, staff B stated that when residents were not in the facility during the medication pass, they missed the opportunity to take their medications, they were a no show and the medications were not given or offered at a later time.

On at 3 PM, the manager stated that when residents were not in the facility during the medication pass, they missed the opportunity to take their medications, they were a no show and the medications were not given or offered at a later time because the medication times were listed on the MOR.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Homestead Retirement
1117 Massachusetts Avenue
Saint Cloud, FL 34769

RE: CCR #2014012465 w/Limited Mental Health

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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