STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968143	01/21/2016
NAME OF PROVIDER OR SUPPLIER **A WELCOME HOME IN ENGLEWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **2015 E DOLPHIN DR ENGLEWOOD, FL 34223**	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on I/_ /_ at A Welcome Home, an Assisted Living Facility in Englewood, Florida.

The following is description of the deficiencies, found at the time of the visit.

0010 Admissions - Continued Residency

Based on interview and record review, the facility failed to monitor the continued appropriateness of placement and failed to ensure a face-to-face medical examination with results and significant changes recorded on AHCA Form 1823 was conducted at least every three years for 1 (Resident #2) of 2 residents reviewed.
The findings included:
1. Record review on I/_ /_ found Resident #2 was admitted to the facility on . An AHCA Form 1823 on file was dated . There were no other AHCA Form 1823s located in Resident #2's file. During an interview on I/_ I/_ at 12:20 p.m., the Administrator confirmed that there was no updated ACHA Form 1823 available for Resident #2. She stated, "Is that supposed to be updated? I will have it completed today."
2. Record review on I/ /_ revealed a prescription dated / with the following orders: as needed signed by the physician and by the Administrator as "RN Accepting." A second order dated I/ states (1) with gravity bag change every four weeks (2) Irrigate with normal as needed for debris.
Further examination revealed that on the Resident Observation Log documents "Removed at 8 PM prior to specimen retrieval..." and on _/ Recathed ... to leg bag." On I/ the Resident Observation Log documents: "Irrigated , inserted and attached bag."
During an interview I/_ /_ at 1:10 p.m., the Administrator confirmed Resident #2 has an indwelling and that Resident #2 is not receiving hospice or home health services. She said, "I don't see what the problem is if the doctor puts it in and he is just around the corner if anything happens. The prescription order is just in case of emergency and I cannot reach him I can have someone else do it." There was no response when it was pointed out that she has in her nursing notes flushing and reinserting the . She was made aware that care, as she has been providing to the resident per her own documentation, requires the facility to have an Extended Congregate Care or Limited Nursing Services License.
Class III

0054 Medication - Records

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968143	**01/21/2016**
NAME OF PROVIDER OR SUPPLIER **A WELCOME HOME IN ENGLEWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **2015 E DOLPHIN DR** **ENGLEWOOD, FL 34223**	

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

Based on record review and interview, the facility failed maintain a daily Mediation Observation Record (MOR) for 2 (Residents #1 and #2) of 2 residents reviewed.
The findings included:
1. Record review on /_ /_ revealed Resident #1 was admitted on / /. On the AHCA form 1823 dated the day of admission the practitioner documented the resident required assistance with self-administration of medication. Further review of Resident #1's record revealed there was no MOR available for review.
During an interview on /_ /_ at 9:40 a.m., Resident #1 said, in regards to her medications, "She tells me if I don't remember what they are for. I don't know the names of my medications. She gives them to me."
2. Resident #2 was admitted on / /. The AHCA Form 1823 dated / states the resident requires assistance with self-administration of medication. Resident #2's file contained a MOR for the month of 2016. There were no documented dates and times of any medications taken. There was no other MOR on file for the resident.
3. During an interview on /_ /_ at 2:10 p.m., the Administrator confirmed she had no documentation of the times when medications were taken for either resident. She said, "I do not mark them off, they do the medications themselves."
After review of the the regulations and the practitioner orders documented on the AHCA Form 1823 which indicated that both resident required assistance with self-administration of medication, the Administrator said she will start completing the MOR today.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
A Welcome Home In Englewood
2015 E Dolphin Dr
Englewood, FL 34223

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative 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 , 2016.** 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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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