STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967883	**06/29/2016**
NAME OF PROVIDER OR SUPPLIER **ERIKA'S HOUSE ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8301 N GOMEZ AVE TAMPA, FL 33614**	

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

0000 Initial Comments

Assisted Living Facility

A complaint survey (CCR# 2016007181) was conducted on at Erika's House Assisted Living Facility, LLC, License #11880, located at 8301 N. Gomez Ave, Tampa, FL. Deficiencies were identified the day of survey.

0052 Medication - Assistance with Self-Admin

Based on interview and record review, the facility failed to provide medications as prescribed for one out of three (Resident #2) sampled residents at the prescribed time.

Findings included:

On at 9:05 AM a record review was conducted of the Medication Observation Record (MOR) for Resident #2. The MOR for the 8:00 AM medications had not yet been signed. (Photo 8)
On at 9:07 AM an interview was conducted with the Administrator. The Administrator stated Resident #2 had not yet received her 8:00 AM medications. The Administrator stated Resident #2 likes to wake up late, so she does not give her the medications prescribed for 8:00 AM until she wakes up between 10:00 AM and 11:00 AM. The Administrator was aware that the medication was prescribed for 8:00 AM.

Class III

0054 Medication - Records

Based on interview and record review, the facility failed to sign the Medication Observation Record (MOR) at the time the medication was given to two out of three (Residents #1 and #3) sampled residents.

Findings included:

On at 9:05 AM a record review was conducted of the MOR for Resident #1. The MOR had not yet been signed for medications that had been prescribed for 8:00 AM. (Photo 1)
On at 9:05 AM a record review was conducted of the MOR for Resident #3. The MOR had not yet been signed for medications that had been prescribed for 8:00 AM. (Photo 2)

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

On at 9:07 AM an interview was conducted with the Administrator. The Administrator stated she had assisted with the medications for Residents #1 and #3 at 8:00 AM, and stated she will sign the MORs for all three residents when Resident #2 wakes up between 10:00-11:00 AM and receives her 8:00 AM medications. The Administrator was aware that she was supposed to sign the MOR immediately upon giving the medication to the resident.

Class III

0055 Medication - Storage and Disposal

Based on interview and observation, the facility failed to maintain centrally stored medication in a locked cabinet for four out of four (Residents 1, 2, 3, and 4) sampled residents.

Findings included:

On at 8:30 AM an observation was made of an unlocked medication storage closet in the hallway between #2 and #3. The medications for Residents #1, 2, 3, and 4 were observed in the unlocked closet. (Photos 3, 4, 5, 6, 7)
On at 8:35 AM an interview was conducted with the Administrator. The Administrator stated she was aware the closet was not locked. The Administrator stated, " I know. Not too many people here, that's why I didn't lock it. " The Administrator was also aware she was required to keep centrally stored medications locked at all times.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Erika's House ALF LLC
8301 N Gomez Ave
Tampa, FL 33614

RE: CCR# 2016007181

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2016, 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 , 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.

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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/kpr

Enclosure: State Form 5000-3547

XG90