STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965261	08/09/2016
NAME OF PROVIDER OR SUPPLIER NEW HOME SENIOR CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 73 EAST 47 STREET HIALEAH, FL 33013	

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

0000 Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on , 2016. New Home Senior Care, Inc. (license #9719) with Limited Nursing Services and Limited Mental Health components had deficiencies identified at the time of the survey.

0010 Admissions - Continued Residency

Based on observation, record review, and interview the facility failed to ensure that 1 out of 6 (Resident #1) sampled residents met continued residency. The facility failed to have a face to face medical examination done by a health care provider as part of the continuing residency criteria for a resident after a significant change for 1 out of 6 sampled residents (Resident # 1).

Findings included:

During the tour of the facility on at 9:25 am observed Resident #1 lying in her bed in # with a woundvac machine connected.

Staff B stated on at 9:25 am that Resident #1 is the facility's owner/administrator mother and that she had a in her sacrum.

Record review of Resident #1 revealed that she had been referred for hospice evaluation the day before (/) with a diagnosis of and Adult . The facility did not have any documentation of hospice admission for Resident #1.

Record review also revealed that the last health assessment was completed on / and which stated that the resident required supervision with eating and and assistance with the rest of her activities of daily living and that she uses a cane to ambulate.

On at 11:22 am the facility's administrator stated that Resident #1 is her mother and that she requires total help with the activities of daily living and that she also has a in her sacrum and that she takes her to the hospital once a week to be seen by a surgeon and that the has improved; she also stated that a nurse from home health comes daily to do care.

Class III

0025 Resident Care - Supervision

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on record review and interview the facility failed to maintain a written record on the provision of additional services (home health for care) and hospitalization for 2 out of 6 sampled residents (Resident #1 and #4).

Findings included:

During tour of the facility on at 9:25 am observed Resident # 1 lying in her bed in # with a woundvac machine connected.

Staff B stated on at 9:25 am that Resident # 1 is the facility's owner/administrator mother and that she had a in her sacrum.

On at 11:22 am the facility's Administrator stated that Resident #1 is her mother and that she requires total help with the activities of daily living and that she also has a in her sacrum and that she takes her to the hospital once a week to be seen by a surgeon and that the has improved. She also stated that a nurse from home health comes daily to do care but that the nurse from the home health agency did not leave any notes at the facility but that she will ask her to bring them.

Record review on revealed Resident #4's medication observation record reflected a "H" initial which represented that the resident was hospitalized from / to .

Record review of Resident #4's file revealed the facility had no progress notes regarding the resident's hospitalization from / to .

Interview on / at 11:43 am the Administrator stated Resident #4 was hospitalized last month.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview the facility failed to keep medications locked at all times.

Findings included:

During the tour of the facility on at 9:20 am observed in #, Resident #2's a bottle of with no label on top of the night stand and a bottle of 3 % in the with no label.

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

Resident #2 stated on at 10:10 am that her son had brought her the on Sunday and she left on top of the night stand.

Resident #3 stated on at 9:30 am that her family brought her the to do mouth wash and she left it in the .

The facility's Administrator stated on at 10:20 am that she has told the residents many times that when the family bring them medications they need to give them to the staff to be labeled and to keep them locked.

Class III

0057 Medication - Over The Counter (OTC) Products

Based on observation and interview the facility failed to label over the counter medications.

Findings included:

During the tour of the facility on at 9:20 am observed in #, Resident #2's a bottle of with no label on top of the night stand and a bottle of 3 % in the with no label.

Resident #2 stated on at 10:10 am that her son had brought her the on Sunday and she left on top of the night stand.

Resident #3 stated on at 9:30 am that her family brought her the to do mouth wash and she left it in the .

The facility's Administrator stated on at 10:20 am that she has told the residents many times that when the family bring them medications they need to give them to the staff to be labeled and to keep them locked.

Class III

N277 LNS - Resident Care Standards

Based on record review and interview a facility that has Limited Nursing Services component failed to have a nurse employed or contracted to provide the services as needed by the residents.

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Findings included:

Record review revealed that the license and the exam for the Registered Nurse was expired.

The facility's administrator stated on at 10:20 am that she did not renew the Limited Nursing Services component when she sent the license application to Tallahassee and that she did not renew the contract with the Registered Nurse. She stated that she will contact the nurse to renew all of her documentation.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
New Home Senior Care, Inc
73 East 47 Street
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a Limited Nursing Services monitoring licensure 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.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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