STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967918	08/11/2016
NAME OF PROVIDER OR SUPPLIER **HOME AWAY FROM HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **324 LYMAN PL** **WEST PALM BEACH, FL 33409**	

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

0000 Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on 11, 2016 at Home Away From Home (License #11913). The facility had deficiencies at the time of the visit.

0026 Resident Care - Social & Leisure Activities

Based on observation, interview, and record review, it was determined the facility failed to ensure that they provided an ongoing activity program at least 6 days a week for a total of not less than 12 hours per week, to include activities selected by residents and based on current residents' needs, abilities and interests.

The findings included:

During tour of the facility at 8:15 AM on / /, there was a schedule of the day's activities posted in the dining listed exercise (9:00 AM), bingo (10:00 AM) and movies (1:00 PM). Another calendar was posted in the living various activities scheduled, showing the minimum required scheduled 12 hours for 6 out of 7 days per week.

Residents #1, #2, #3, #4, #5, #6 were observed between 8:00 AM and 2:00 PM watching tv in the living walking around inside the house. There were no activities initiated or attempted to be conducted with residents by Staff A or B who were present during this time. During interview with the Administrator at 1:30 PM on /, she stated the residents "don't want to do anything". She acknowledged that "bingo" (listed on the daily calendar) was not an activity that any of the current residents would participate in. She stated she could not walk outside with the residents for exercise "because there's nobody else to stay with the residents inside. There's only one staff member". Additionally, the Administrator could not demonstrate residents' participation in any activities through resident meetings, a suggestion box, group discussions, questionnaires or any other form of communication.

Class III

0054 Medication - Records

Based on record review and an interview, the facility failed to ensure the MOR (Medication Observation Record) was up-to-date, for 2 out of 5 sampled residents (Resident #1 and #3).

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The findings included:

On 8/11/16, the 2016 MORs were reviewed for 5 current residents. The MORs for Residents #1 and #3 had omissions identified:

a) Resident #1 was to receive once a day at 8:00 PM. The MOR was blank with no initials by staff to indicate the resident had received the medication on , and / .

b) Resident #3 was to receive once a day at 8:00 PM. The MOR was blank with no initials by staff to indicate the resident had received the medication on .

During interview with the Administator on / / , the documentation errors were acknowledged.

Class III

0086 Training - ADRD

Based on record review and an interview, the facility failed to ensure that 2 of 2 sampled staff (Staff A and B) who have regular contact with or provide direct care to a resident with ADRD (and Related) in this facility that maintained a secured area had completed the required ADRD training.

The findings included:

On / at 8:00 AM, the facility was observed with a gate around the edge of the property, padlocked at the foot of the driveway. The facility phone number was called and following a request for entrance, the Administrator walked to the edge of the driveway to unlock the padlock. The facility maintained a secure area as defined in Chapter 4, Section 434.4.6 of the Florida Building Code Adopted.

The personnel files for Staff A and B were reviewed for training in ADRD and did not contain documentation of 4 hours of initial training in ADRD (Level I) dated within 3 months of hire, 4 hours of additional training in ADRD (Level II) within 9 months of hire, or 4 hours of annual update training in ADRD. The following training was documented and available for review:

1) Staff A (Date of Hire, since opening/Administrator)-Last training documented 3 hours
2) Staff B (Date of Hire /)-Last training documented 2 hours

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During interview with the Administrator at 1:30 PM on 8/11/16, she acknowledged the staff members did not have documentation of ADRD training. During interview, she acknowledged that the facility was secured with a gate that could only be opened with a key. She stated the only reason the facility was secured was to prevent Resident #4 from wandering off the property. She stated she did not want to complete the ADRD training if the secured gate was going to require this and would leave the gate unlocked instead.

Class III

0125 Fiscal - Suretv Bonds

Based on record review and an interview, the facility failed to file a surety bond with the agency in an amount equal to twice the average monthly aggregate income or personal funds due to residents, for 3 out of 3 sampled residents that the Administrator served as the representative payee (Residents #1, #3 and #4).

The findings included:

On / at 1:30 PM, the Administrator stated during interview that she was the representative payee for Residents #1, #3 and #4. She confirmed that the residents did not receive their monthly social security checks because they were automatically deposited with the facility. The Administrator was asked for a copy of the executed surety bond required to be filed with the agency with the facility listed as the principal. She stated that there was no executed surety bond.

Class

0160 Records - Facilitv

Based on observation, record review and interviews, the facility failed to ensure the Admission and Discharge Log was up-to-date.

The findings included:

During interview with the Adminstrator at 1:30 PM on / , she confirmed that the facility has more than 5 residents. There are an additional 2 female residents (Residents #7 and #8) living in another the dining had not been identified by the Administrator during the earlier tour of

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the facility. Another male resident (Resident #6) was now acknowledged as living in the same room as Resident #3. She stated, "They're independent though".

At this time, the admission and discharge log was reviewed with the Administrator. The second page of the log showed "independent residents". 2 of the 3 residents later identified (Residents #7 and #8) were not listed on the admission log. Resident #8 (current resident) was listed as discharged on / /. Additionally, Resident #9 was listed on the log as admitted on / / with no discharge date noted. The Administrator confirmed that this resident was no longer living at the facility.

Class III

Z828 Administrative Fines: Violations

Based on observation and interviews, the facility was found to be overcapacity for their licensed 5 bed Assisted Living Facility (ALF).

The findings included:

On / at 8:15 AM, 2 unidentified people were observed through a window outside the facility on the side of the house, walking towards the bottom of the driveway. The Administrator stated during interview at this time that they were "visitors" and had spent the night. She stated the facility has 5 current residents and showed the 4 to this surveyor, identifying each resident's bed. Three of the contained 2 beds for a total of 7 beds. The Administrator was asked why there were 7 beds for this facility that was licensed for only 5 residents and she responded, "It's just been that way".

At 10:45 AM, an unidentified male was observed in a resident's subsequently interviewed. He stated he had been a resident at this facility for "about a year this time". He stated he slept in the same Resident #3 and was assisted with meals and housekeeping only. He is identified as Resident #6.

During observation of the central medication storage cabinet in the kitchen at 1:00 PM on /, prescription medication with a person's name who had not been identified as a resident during the earlier interview with the Administrator was located. The prescription labels showed and stored for an unreported resident, identified as Resident #7.

During interview with the Adminstrator at 1:30 PM on /, she confirmed that the facility has more

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than 5 residents. There are an additional 2 female residents (Residents #7 and #8) living in another bedroom off the dining room that had not been identified by the Administrator during the earlier tour of the facility. Another male resident (Resident #6) was now acknowledged as living in the same Resident #3. She stated, "They're independent though". At this time, the admission and discharge log was reviewed with the Administrator. The second page of the log showed "independent residents". None of the 3 residents later identified (Residents #6, #7 and #8) were listed on the admission log as currently residing at the facility. Resident #6 was listed with a discharge date of / /. The facility had more residents than their licensed capacity of 5. The facility was found to have a total of 8 residents.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Home Away From Home
324 Lyman Pl
West Palm Beach, FL 33409

RE: Abbreviated Survey

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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