STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967975	08/22/2016
NAME OF PROVIDER OR SUPPLIER **HOGAR DULCE HOGAR**	STREET ADDRESS, CITY, STATE, ZIP CODE **5597 WENDY LN** **NAPLES, FL 34112**	

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

0000 Initial Comments

An unannounced state Relicensure survey was conducted on at Hogar Dulce Hogar, an Assisted Living Facility (license #11937) in Naples, Florida.

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

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to insure the AHCA form 1823 was completed in entirety for 2 (Residents #4 and # 5) out of 2 sampled. This could lead to an inappropriate resident being admitted into or allowed to remain in the facility.

The findings included:

1. Record review for Resident #4 found she was admitted to the facility on . Most recent assessment on record dated 5/ and was incomplete since it was missing resident's , diet, and did not state whether or not the residents needs can be met in an assisted living facility which is not a nursing or facility. Section 1C failed to list medications prescribed at the time of assessment, instead "see attached" was written. However, no signed medication list was found.

The prior Health Assessment on file was dated and was missing section E stating whether or not the residents needs can be met in an assisted living facility, which is not a nursing or facility. Section 1C addressing medication list at time of assessment was blank. Stated "see attached." No attachment was on record.

2. Record review for Resident #5 shows she was admitted to the facility on . Review of the health assessment AHCA form 1823 dated found the health assessment was incomplete in Section 1B, which did not include diet instructions. Section 1C failed to list medications prescribed at the time of assessment, instead "see attached" is written. There was no medication list attached which is signed by the physician. Section D5 failed to indicate if the resident required 24-hour nursing or care and Section E did not indicate if Resident #5 needs could be met in an Assisted Living Facility that is not a medical, nursing, or facility.

During an interview on at 1:00 p.m., the Administrator confirmed that the AHCA form 1823 for Resident #5 was incomplete and there is no other updated or completed assessment available.

Class III

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0025 Resident Care - Supervision

Based on record review and interview, the facility failed to maintain a written record of significant changes and illness resulting in medical attention for 1 (Resident #5) of 2 residents reviewed.

The findings included:

During an interview on with the Administrator at 11:00 a.m., he confirmed Resident #5 was currently hospitalized.

Review of Resident #5 record found no documentation of resident's hospitalization, reason for or symptoms exhibited prior to hospitalization, and no documentation that the family or physician was notified.

During a follow up interview with the Administrator on at 1:00 p.m., he confirmed he did not document anything pertaining to Resident #5 hospitalization. He said he only documents once a month on each resident.

Class

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to insure staff submitted a negative examination on a yearly basis and received an examination conducted by a health care provider no earlier than 6 months before the submission of the communicable statement for 1 (Staff A) of 2 staff reviewed.

The findings included:

Record review on showed Staff A was hired on as a Caretaker. Review of the communicable statement on file revealed that it was dated . It also included a statement indicating the examination was completed on / . There was no other documentation available.

During an interview with Staff A on / at 1:00 p.m., she confirmed her date of hire was / and says she brought the statement from her previous employment.

During an interview at the same time with the Administrator, he confirmed there was no other statement

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from a health care provider available for Staff A.

Class III

0079 Staffing Standards - Levels

Based on record review and interview, the facility failed to meet staffing regulatory requirements based on census of residents present.

The findings included:

Census at time of survey was 6 residents.

Observation during initial tour conducted on at 8:00 a.m., found a current staffing schedule posted indicating only two staff working in the facility. Staff A, a caregiver worked 7:00 p.m. to 7:00 a.m. and Staff B, the Administrator/Owner/Caregiver works 7:00 a.m. to 7:00 p.m.

During an interview conducted on at 10:00 a.m., Staff A confirmed indeed she worked 12 hours a day 7 days week.

Interview with Staff B on at 10:00 a.m., indicated he worked 12 hours days 7 days a week.

The total weekly hours for both staff is 168 hours per week.

Regulatory requirement for facility with census of 6 residents is 212 hours. The facility did not meet regulatory requirements since the sum of hours worked was 168 hours per week.

The Administrator said on at 1:00 p.m., that for the six years he owns the facility he always had two staff working twelve hours shifts each. He said he was unaware of the regulatory requirement.

Class III

0093 Food Service - Dietary Standards

Based on record review and interview facility failed to have menu dated a week in advance and to have a substitution log for the last six months of all regular and therapeutic menus as required.

The findings included:

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Observation during initial tour conducted on / / at 8:00 a.m., found that the menu posted at the dining area was not dated as required.

Record review found no substitution log for the last six months of all regular and therapeutic menus as required.

During an interview the Administrator said on / at 11:00 a.m., that they substitute menu items sometimes especially on major holidays such Thanksgiving, Christmas, New Years, Labor Day, Mother's Day. He said he was unaware that he needed to have a substitution log for changes made.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Hogar Dulce Hogar
5597 Wendy Ln
Naples, FL 34112

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2016 by representatives 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 surveyors. 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: StateForm

XG90

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