AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968357	09/28/2016
NAME OF PROVIDER OR SUPPLIER **LIVING WITH FRIENDS**	STREET ADDRESS, CITY, STATE, ZIP CODE **3014 HUDSON ST** **BROADWAY, FL 33605**	

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

0000 Initial Comments

Assisted Living Facility

On , a biennial relicensure survey with limited mental health (LMH) was conducted at Living with Friends (Lic. #12275). Deficient practice was identified during the survey.

0081 Training - Staff In-Service

Based on record review and interview, one of two caregiver staff sampled (B) who had been employed at least 30 days had not yet received all required training.

Findings include:

A personnel file review during the survey found that Staff B (hired) had not yet received a) the 3 hour training in ADLs and resident behavior/needs and b) major and adverse incident reporting and emergency preparedness and evacuation training. Interview with the administrator at 2pm on confirmed that this documentation was missing from the record.

Class III

0083 Training - First Aid and

Based on record review and interview, one of four staff sampled who were in the facility alone at any one time (A) did not have an updated certification in First Aid.

Findings include:

A personnel record review during the survey indicated that Staff A's latest First Aid card had expired . The administrator (A) explained that she had taken a updated course in this area, but had not yet filed the new certificate in her record.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview, one of two staff sampled who assisted residents as a part of their

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duties (C) had not obtained the 2 hour update training in safe medication practices on an annual basis.

Findings include:

A review of personnel files during the survey found that the latest medication practices-related training taken by Staff C was a 2 hour update in , 2015. Further review of the record found no subsequent training haven been obtained by Staff C in this area. Interview with the administrator at 1:45pm on confirmed that the documentation was unavailable for review.

Class III

0167 Resident Contracts

Based on record review and interview, the facility's refund policy for advance payments did not conform to regulation with respect to two of two residents sampled (#4; 6).

Findings include:

A review of the contracts for Residents #4 and 6 during the survey found that the "refund policy for advance payments" included the following verbiage: "In the event of , the termination notice is waived and refund of personal property only shall be returned to the resident's guardian..." The policy continued: "There will be no refunds given for unforeseen circumstances up to and including ..." Interview with the administrator at 2:20pm on revealed that "she had already had at least two (2) previous AHCA inspections with the same provisions in her contract, and no one had ever mentioned that she couldn't continue this practice of retaining resident funds upon their ."

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Living With Friends
3014 Hudson St
Broadway, FL 33605

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited mental health (LMH) 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 **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

Paul Brown

fw Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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