STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968755	**01/11/2017**
NAME OF PROVIDER OR SUPPLIER **DAHLIA'S HOUSE OF LOVE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3081 ELDRON BLVD NE PALM BAY, FL 32909**	

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

0000 - Initial Comments

The biennial re-licensure with Limited Nursing Services (LNS) was conducted on , 2017. Dahlia's House of Love LLC, license #12619 had deficiencies found at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility failed to ensure it provided care and services appropriate to the needs of 1 of 2 residents (#2).

Findings:

Health assessment report 1823 dated for resident #1 listed diagnoses of , high , and . The assessment did not address his needs regarding medications; that portion of the assessment was blank.
Physician order sheet dated listed 25 mg daily, SM2-TMP 200-40 mg 5 ml 3 times a week, Dorzolomide one drops to each eye twice daily and Probiotic TBEC (probiotic product one table daily.
The 2016 Medication Observation Record (MOR)) listed 25 mg daily and had an asterisk (*) from to and UT Sooth PROBI daily SM2-TMP 200-40 mg daily
Lorsatan 25 mg daily had an asterisk (*) from to .
SMZ-TMP 200-40 mg daily had an asterisk (*) on 12/7, 12/9, , and .
UT Soothe Probiotic one daily had an asterisk (*) from to .
The back page of the MOR indicated:
* 12/7/ to not given, awaiting delivery of SMZ-TMP to facility from son. * SMZ-TMP delivered-resumed
*Lorsatan awaiting delivery of Lorsatan to facility by son
* still awaiting delivery of Lorsatan to facility by son
*Soothe Probiotic still not delivered to facility. Son ' s decision

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The 2017 Medication Observation Record (MOR) listed Lorsatan 25 mg daily 9 am, and UT sooth PROBIOTIC, SM2-TMP 200-40 mg and Dorzolomide one drop to each eye twice a day.
5 mg had an asterisk * on and . The back page of the MOR indicated
*awaiting delivery to facility by son
SM2-TMP 200-40 mg had asterisk * on 1/8, The back page of the MOR indicated * awaiting delivery of SMZ-TMP to facility
Dorzolomide one drop to each eye twice a day at 6 AM and 6 PM had asterisk from to .

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The back page of the MOR indicated *awaiting delivery to facility from son.
Continued record review revealed no evidence the facility made reasonable efforts to secure the medication for the resident; that the medication was obtained timely and given as per doctor's orders. Per notes, the resident ' s son made the decision not to bring the probiotic since and there was no evidence the facility made the resident's healthcare provider aware of the resident's decision. There was no evidence the facility spoke with the son to resolve the medications not being available.
The unlicensed staff was allowed to assist the resident with self-administration of medications, although the assessment did not address whether or not the resident needed assistance or administration.
In an interview with staff B, the co-owner, who stated the facility did not have a system in place to ensure medications were filled timely, they would just wait for the family to bring them the medication. There was no written evidence the resident ' s doctor was aware the resident missed medications. Also, there was no evidence was notified the resident stopped taking the probiotic.
Class III

0051 - Medication - Pill Organizers - 58A-5.0185(2) FAC

Based on observations, record review and interview the facility failed to ensure that a nurse may manage a pill organizer to be used only by residents who self-administer medications and allowed unlicensed staff to provide assistance with self-administration of medications from a pill organizer for 2 of 2 sample residents (#1 and #2).
Findings:
Observations on / / at 10:30 AM noted 2 pill organizers with pills inside were stored among the medications for residents #1 and #2.
The staff stated on / / at 10:30 AM that the administrator /Registered Nurse filled a little pill box and then they (staff) gave the residents their medications.
Resident #2 had a small pill organizer that had pills inside for Thursday Friday and Saturday AM.
Resident #1 also had a pill organizer with pills inside for Thursday, Friday and Saturday in the AM and Wednesday Thursday and Friday at bedtime.
Resident record review for resident #1 revealed a health assessment report dated that did not address the resident's needs regarding medications.
Resident record review for resident #2 revealed a health assessment report dated / that indicated the resident needed assistance with self-administration of medications.
Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observations and interview the facility failed to ensure the unlicensed staff who assisted 1 of 2 sampled residents (#2) with self-administration of medications followed the correct procedure and did not bring the originally dispensed container to the resident, and did not read the label to the resident.

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Findings:
Observations on / / at 10:15 AM noted that staff B wore gloves. The staff went to a locked cabinet where the medications were kept. He took a small plastic cup with pills inside. Observations noted there were 6 pills inside. He also retrieved tears and ofloxacin , solution 0.3%. The staff went to the resident's told him "Here are your pills including the pill". He handed the resident a tissue and instilled 1 drop of tears to left eye and then 1 drop of ofloxacin , solution 0.3% to the left eye. He handed the resident the cup and the resident took the pills one at a time. The staff stood by him and observed the resident take the medications. Staff B stated he will sign the Medication Observation Record (MOR) for 9 AM.
Continued observations noted 2 pill organizers with pills inside were stored among the medications for residents #1 and #2.
Staff B, the co-owner, stated the administrator/Registered Nurse filled a little pill box and then the staff gave the residents their medications. He was confident the medications in the cup were the correct medication. The Medication Observation Record listed 20 milligrams (mg), , 20 mg, 81 mg, 1 gm, 0.5 mg and daily.
Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observations and interview the facility failed to ensure that medication that had expired were disposed of within 30 days of being determined expired.

Findings:

Observations on / / at 10:30 AM of the resident's medications noted that among the medications for resident #1 there was a bottle of that expired on . A bottle indicated it was opened on . The pharmacy label indicated discard 30 days after opening.
During an interview on / / at 11 AM staff B stated the administrator /Registered Nurse managed all the medications and he will make her aware of the expired medications.
Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observations, interview the facility did not ensure not to store prescription drugs for self-administration or administration unless they were properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C, for 2 of 2 sampled residents (# 1 and 2).
Findings:
Observations on / / at 10:30 AM of the resident's medications noted the following:
Among the medications for resident #2 there was a bottle of oral suspension 100 mg

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per 5 milliliters (ml) that did not have a prescription label. The bottle indicated prescription only.
Among the medications for resident #1 there was a bottle of Lantus 100 unit per ml without a prescription label. The bottle indicated prescription only
During an interview on / / at 11 AM staff B stated the medication boxes took too much , in the small plastic container where the resident's medications were kept so they were thrown away.
Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observations, record review and interview the facility did not make sure a written work schedule that reflected its 24-hour staffing pattern for a given time period was maintained.
Findings:
Review of the facility's staff schedule provided by the facility, noted it was a calendar. The calendar/schedule listed names of the staff who worked each day of the week, but did not indicate the hours each staff was assigned or actually worked.
In an interview on / / at 2 PM with the co-owner, who stated the administrator made the schedule and it never changed. It was just 3 people working for now.
Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on personnel record review and interview the facility failed to ensure 1 of 3 sampled staff (#A) who provided care to residents, received at last one hour of training in the facility's policies' and procedures regarding ( ).
Findings:
In an interview on / / at 10 AM with staff #C who stated when asked if she knew what the initials " ." ('s) meant; she said she did not know and did not think she was trained.
Personnel record review for staff #C hired / revealed an in-service training certificate dated that indicated she received 1 hour of training in the facility's policies and procedures regarding

In an interview on / / at 2 PM with staff B, the co-owner who assisted with the survey, who stated the staff had been trained, maybe she needed to go over it again.
Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility did not ensure the resident record included a completed health assessment form 1823 for 1 of 2 sampled residents (1).

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Findings:
Resident record review for resident #1 revealed a health assessment report dated that did not indicate whether the resident needed assistance with self -administration of medications.
During an interview on / / at 2 PM the staff B, who offered no comment.
Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Dahlia's House Of Love LLC
3081 Eldron Blvd NE
Palm Bay, FL 32909

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2017 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 , 2017.** 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 Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

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