| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965243 | 04/27/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **FRIENDS AT HOME ASSISTED LIVING, INC** | **3680 CANAVERAL GROVES BLVD. COCOA, FL 32926** |

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

**0000 - Initial Comments**

The re-licensure survey was conducted on . Friends At Home Assisted Living, Inc. License#9640 had deficiencies at the time of the visit.

**0078 - Staffing Standards - Staff - 58A-5.019(2) FAC**

Based on record review and interview, the facility failed to ensure 1 of 2 sampled staff had an annual negative ( ) documented on file (C).

Findings:

Staff C's was hired on as a direct care staff. Staff C's annual examination dated did not have a negative result documented. The last negative result found on her file was .

On at 5:15 PM Staff B who assisted with the survey confirmed the findings.

Class III

**0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC**

Based on observation, record review and interview the facility failed to ensure 2 of 2 sampled unlicensed staff had annually obtained a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility (ALF).

Findings:

On at 9:15 AM, an unlicensed person (Staff C) was observed pushing medication carts from the dining . She stated she had just finished assisting residents with their morning medications.

On at 12:35 PM Staff B was observed assisting 2 residents (#2 and #9) with their medications in the dining .

A review of Staff B and Staff C's personnel records revealed they did not have the annual 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility (ALF). Their previous 2-hour training was dated

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| NAME OF PROVIDER OR SUPPLIER<br>**FRIENDS AT HOME ASSISTED LIVING, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3680 CANAVERAL GROVES BLVD. COCOA, FL 32926** | |

SUMMARY STATEMENT OF DEFICIENCIES
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that expired .

On at 5:15 PM Staff B who assisted with the survey confirmed she (Staff B and Staff C needed to update their training.

Class III

**Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS**

Based on record review and interview, the facility failed to maintain its employee roster within the Background Screening (BGS) Clearinghouse under the Agency for Health Care Administration (AHCA) website. Initial employment status and any changes in status must be reported within 10 business days.

Findings:

A review of the facility-staffing schedule from to showed 5 employees listed on the schedule.

A review of the AHCA/BGS website was conducted on at 11:15 AM with Staff B who assisted with the survey. She confirmed the employee roster was not maintained. The employee roster was blank.

Unclassified