STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968674	**08/08/2017**
NAME OF PROVIDER OR SUPPLIER **AMELIA'S HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7175 53RD ST** **PINELLAS PARK, FL 33781**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2017008439), was conducted at Amelia's House on . Amelia's House, Assisted Living Facility, had deficiencies at the time of the visit.

(License # 12566)

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on interview and record review, the facility failed to ensure that residents who were admitted met the facility's admission criteria and that individuals' needs could be met for one (Resident #1) of four residents reviewed.

Findings included:

An interview was conducted with the Administrator at 10:10 AM on concerning Resident #1. The administrator stated that, after they did an assessment for appropriateness of residency for Resident #1 sometime in , 2017, they determined that the facility could not meet Resident #1's needs. The Administrator stated that the hospital that discharged Resident #1 should have sought placement for the resident in a nursing home. The Administrator stated that, after the assessment for residency was conducted, Resident #1 lived in the facility for three days before the local police took the resident to the hospital. The Administrator stated that Resident #1 lived in the facility while they attempted to reach the resident's former significant other.

An attempt was made to review the resident record for Resident #1. The facility had no record for the resident, including a resident health assessment (AHCA form 1823) documenting whether the resident was assessed to be appropriate for an assisted living facility.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

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Based on interview and record review, the facility failed to maintain accurate medication observation records (MORs), updated each time a medication was taken, any missed dosages, or medication errors for three (Resident #2, Resident #3, and Resident #4) of five resident records reviewed.

Findings included:

A review of Resident #2's MORs for 2017, conducted on , showed that the resident was prescribed 25 mg- 3 tablets daily. A review of the MORs for Resident #2 revealed that there were no initials for the medication on .

An interview was conducted with Resident #2 on at 9:30 am and they stated that they did not receive the medication. An interview with the medication assistant, Staff A, on at 9:45 am revealed that they did not remember if the medication was given to Resident #2. When asked if medication was available, Staff A reported that the medication was not in the medication cart.

A review of Resident #3's 2017 MORs revealed that the resident was prescribed 3 medications at 7:00 am daily. The review of the MORs revealed there were no initials for the 3 medications on .

A review of Resident #4's 2017 MORs revealed that they were prescribed 6 medications to be provided at 7:00 am daily. A review of the MORs on revealed that there were no initials for the MORs for the morning dosages.

An interview was conducted with Staff A on at 10:12 am concerning not signing the residents MORs and they stated that they did not initial the MORs, "because everyone was coming at me at same time."

Class III

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

Based on record review and interview, the facility failed to make every reasonable effort to ensure that prescriptions for residents who receive assistance with medication administration were filled or refilled in a timely manner for two (Resident #2 and Resident #4) of five records reviewed.

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

Findings included:

A review of Resident #2's MORs for 2017, conducted on , showed that the resident was prescribed 25 mg- 3 tablets daily. A review of the MORs for Resident #2 revealed that there were no initials for the medication on .

An interview conducted with Staff A on at 9:45 am revealed that they did not remember if the medication was given to the resident. When asked if the medication was available, Staff A stated that the medication was not in the medication cart.

A review of Resident #4's 2017 MORs showed that they were prescribed , , , , , Levothyrozine , , , , and to be provided at 7:00 am daily. The MORS revealed no initials upon giving the medications to the resident on . An observation of the medication cart revealed that Resident #4 was missing , , and , .

An interview was conducted with Staff A on at 10:12 am and they stated that they did not sign the MORs and double check for the missing medications, "because everyone was coming at me at the same time." Staff A stated that they just give the medications that are there for residents and did not follow up on missing medications.

An interview was conducted with the Administrator on at 11:03 am and they stated that the pharmacy was slow at sending out medications and the facility was in the process of changing to a new pharmacy. When asked about policy and procedures for having medications refilled in timely manner, the Administrator could not produce records demonstrating proof of actions taken to refill Resident #2 or Resident #4's medications.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on interview and record review, the facility to provide proof of in-service training for direct care staff, within 30 days of employment, for two (Staff A and Staff B) of three records reviewed.

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Findings included:

A review of employee records conducted on showed that Staff A was hired in 2017 and Staff B was hired in , 2016. A review of Staff A and Staff B's records showed no proof of training in the topics of resident rights in an assisted living facility/ recognizing and reporting resident , neglect, and , (Resident Rights Training) or resident behavior and needs/providing assistance with the activities of daily living (ADL Training). The facility's staffing schedule showed that Staff A and Staff B provided direct care to residents.

An interview was conducted with the Administrator at 10:522 AM on concerning the lack of proof of Resident Rights Training and ADL Training for Staff A and Staff B. The Administrator reviewed the employees' records and acknowledged that there was no proof of training present.

Class III

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

Based on interview and record review, the facility failed to maintain required resident records on the premises that included demographic data, health care provider information, a copy of the resident's contract with the facility, and any orders for medications for one (Resident #1) of four resident records reviewed.

Findings included:

An interview was conducted with the Administrator at 10:10 AM on concerning Resident #1. The Administrator stated that they did an assessment for appropriateness of residency for Resident #1 and determined that they were not appropriate to live in the facility. The Administrator stated that Resident #1 lived in the facility for three days in , 2017.

The Administrator was asked to provide Resident #1's record and they stated that they did not have any documentation concerning the resident. The Administrator stated that they did not think that Resident #1 was admitted to the facility and that there was no residential contract or other records.

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Class III