STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964501	**08/17/2017**
NAME OF PROVIDER OR SUPPLIER **OUR HOUSE ALF, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **315 WAINAI DRIVE** **MERRITT ISLAND, FL 32952**	

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

0000 - Initial Comments

A re-licensure survey was conducted on . Our House Assisted Living Facility, license #9061, had deficiencies at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review and interview, the facility retained a resident who was documented as requiring total care with all Activities of Daily Living (ADLs) and was not receiving hospice care for 1 of 2 sampled residents (#3).

Findings:

On at 9:20 AM, resident #3 was observed lying in his hospital bed. He was awake and dressed, but said "sleep" when I said hello. At 11:00 AM, resident #3 was observed sitting in his wheelchair and was able to move himself around the facility on his own. When staff spoke to him, he responded with yes or no answers. At lunchtime, the staff stated resident #3 would be going back to his lunch. Staff A stated he ate all his meals in bed with the TV on. When asked if he could transfer from the wheelchair to the bed by himself, Staff A stated, "No, he needs 2 of us to transfer."

Observation of Staff A & B assisting with the transfer of resident #3 from the wheelchair to his bed revealed the resident was barely able to provide any pivoting or weight bearing during the transfer. The staff had to move his legs & feet into the proper position to turn him to the bed.

Review of the record for resident #3 revealed a Health Assessment (1823) dated , which documented a diagnosis of , debility, , , Type II, and "bed bound status." Further review revealed he was not oriented to person, place or time and the resident required Total Assistance with all Activities of Daily Living (ADLs). He required assistance with self-administration of medications.

Resident #3 was not receiving hospice care. According to Staff #A, he was discharged from hospice as of , but there was no documentation or discharge note in record. Staff #A called Hospice at 10:30 on to ask the nurse to call back regarding this resident and his date & reason for discharge. No call back was received.

In an interview with the owner on at 2:30 PM, she stated she knew he went off hospice but did not realize his 1823 stated he needed total care.

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Class III

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

Based on record review and interview, the facility failed to: 1) obtain a statement from the health care provider documenting freedom from communicable . . . . . or . . . . . ( ) for 2 of 3 sampled staff (#B & #C). 2) Ensure staff perform their assigned duties consistent with their level of education, training, preparation, and experience and allowed unlicensed staff to assist with . . . . . , care and maintenance #A & #B).

Findings:

1) Personnel Record review for Staff B (caregiver, hired), revealed no documentation to confirm she was free from communicable . . . . . .

2) Personnel Record review for Staff C (administrator, date of hire unknown), revealed no annual documentation to confirm she was free from . The most recent statement was dated .

On at 2:30 PM, the owner stated she would make sure these were updated.

3) In an interview with Resident #5 at 9:10 AM, he stated he received some help from the staff when he had to change his . . . . . .

In an interview with Staff #B, unlicensed caregiver, on . . at 1:30 PM, she stated that resident #5 had a . When asked if she provided assistance with the , she said, "We both assist. He can do some of it, but we have to make sure it's on right."

In an interview with Staff #A, unlicensed caregiver, on . . . . at 1:40 PM, she confirmed that resident #5 had a , and that unlicensed staff provided assistance. She stated, "We have to cut a hole in the new piece to put on the site. But, he puts it on mostly by himself."

In an interview with the owner on at 2:35 PM, she stated she did not know this was considered a nursing service and unlicensed staff could not do it.

Class III

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0082 - Training - / - 58A-5.0191(3) FAC

Based on personnel record review and interview the facility failed to ensure direct care staff had a one-time education / (/) training for 1 of 3 sampled staff (B).

Findings:

Personnel record review for Staff B, hire date , revealed no documentation for one-time / training.

In an interview on at 2:30 PM with the owner, she stated she was not aware the training was missing.

Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on personnel record review and interview the facility failed to ensure that 2 of 3 sampled staff (#A & #C) had completed the annual continuing education requirement for 's and Related (ADRD).

Findings:

Personnel Record review for Staff A (caregiver, hired) revealed there was no documentation to confirm she had obtained 4 hours of annual continuing education training for 's and Related . The most recent update in the record was dated .

Personnel Record review for Staff C (administrator, unknown hire date) revealed there was no documentation to confirm she had obtained 4 hours of annual continuing education training for and Related . Certificates for 's Training Level I and Level II were dated .

On at 2:30 PM, the owner stated she would follow up with each staff member.

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Class III

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

Based on record review and interview the facility failed to ensure that 1 of 3 sampled staff (B) had received training in the facility's policies and procedures regarding ( ).

Findings:

Personnel record review for Staff A, hired , revealed no documentation for training in .

In an interview with the owner on at 2:30 PM, stated she would provide another in-service for Staff B.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on menu review and interview the facility failed to document and maintain 6 months of substitutions made to the menu that was prepared by the dietician.

Findings:

A review of substitution log posted on the kitchen refrigerator noted the last entry was in 2015. No substitutions were noted in the preceding 6 months.

In an interview with Staff A on at 1:40 PM, she said they do not make very many substitutions since the menu is catered, but they did have some in the previous 6 months.

In an interview with the owner on at 2:45 PM, she confirmed they probably should have had a few substitutions written on the log in the previous 6 months.

Class III

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0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on personnel record review and interview, the facility failed to maintain a current copy of all licenses and certificates for 1 of 3 sampled staff. (#C).

Findings:

Personnel record review for Staff #C, administrator revealed she was CORE trained and a registered nurse.

Review of the CORE training certificate revealed it was completed on . Further review found no evidence of completion of the CORE exam.

Review of the copy of the license in the record found it had an expiration date of . Review of the Florida Department of Health license verification website revealed the license is active and clear with an expiration date of .

The administrator was not available for interview.

In an interview with the owner on at 2:45 PM, she said she knew everything was up-to-date and would make sure current copies of each certificate were included in the record.

Class