STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967635	**09/06/2017**
NAME OF PROVIDER OR SUPPLIER **HILDA'S HOME CARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **8812 BAYAUD DRIVE** **TAMPA, FL 33626**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced complaint survey, (CCR# 2017009337), was conducted in conjunction with an abbreviated re-licensure survey from - , at Hilda's Home Care ALF, an assisted living facility in Tampa, Florida. There were deficiencies identified at the time of visit.

(License # 11663)

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

Based on record review and interview, the facility failed to maintain an accurate and up-to-date Medication Observation Records (MORs) that reflected each time medications were provided to residents, or each time medications were offered and refused by residents for five (#1, #2, #3, #4, and #5), of five residents who required assistance with medications. The facility documented medication as given to one (#3) of five resident while the resident was not at the facility.

Findings included:

During interview with Staff A, on at 08:50 a.m., she stated that the morning (seven o'clock) medication were provided to the residents.
Record review revealed that Resident #1 did not have a MOR at the facility.
Review of the MORs for Resident #4 revealed that the facility did not document if Resident #4's medication was given to them since . Review of the MORs for Resident #5 revealed that the facility did not document if Resident #5's medication was given to them since .
Review of Residents ' MORs, conducted on , revealed that prescribed medications were not documented as given for the following residents:

Resident #3 ' s MORs revealed that a total of eight scheduled medication dosages were not documented as given on at 17:00 and 20:00, and 21:00; and at 06:00, and 07:00.

Resident #2 ' s MORs revealed that a total of Ten scheduled medication dosages and , medications were not documented as given on at 12:00, 14:00, 17:00, and 22:00; and

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at 06:00, and 07:00.

During interview with the Administrator, on at 09:30 a.m., she confirmed that Resident #1 did not have a MOR at the facility and that staff have not documented medication given Resident #1 since admission. Administrator review the MOR for Resident #4 and Resident #5 and confirmed that there was no documentation indicating that medication were provided to Residents #4 and #5. The Administrator also reviewed and confirmed the dosages that were not documented as given for Residents #3 and #2 for and .

Record review indicated that Resident #3 was provided medication on at 14:00, 17:00, 20:00, and 09:00pm; also on at 0600a.m., 0700 a.m. Review of hospital discharge records revealed that Resident #3 was admitted to the hospital from to .

During interview with the Administrator on at 4:23 p.m., she reviewed and confirmed the medication dosages were documented as given to Resident #3 on for MOR while Resident #3 was not present at the facility.

Class III

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

Based on record review and interview, that facility failed to ensure that Resident Health Assessment form, AHCA Form 1823 was completed in its entirety for one (#3) of five residents.

Findings included:

Record review for Resident #3 revealed that examination record completed on did not include the date of the examination or the address, telephone number, and license number of the examining health care provider.

During interview with the Administrator on at 04:23 p.m., she confirmed that the provider's information was missing.

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

Class III