STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964501	R 10/10/2017
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 revisit survey to the re-licensure survey was conducted on . Our House ALF, Inc. (License#9061) had deficiencies at the time of the visit.

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

DEFICIENCY REMAIN UNCORRECTED

Based on observation and interview, the facility failed to maintain an updated AHCA Form 1823 Health Assessment to determine appropriate admission for 1 of 1 sampled residents (#3) who required total assistance with Activities of Daily Living (ADLs).

Findings:

Resident #3 was observation on at 10:30 AM in his wheelchair watching TV in his . Resident #3 was able to transfer slowly from the wheelchair to bed holding on to the railing of the hospital bed.

The prior 1823 Health Assessment on file dated documented that resident #3 need total assistance with ADLs. The resident was not receiving Hospice care.

On at 11 AM, an interview with staff A, who stated the resident's updated 1823 Health Assessment, was not returned from the doctor's office. Staff A further stated the facility should be receiving the updated 1823 sometime later today.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record review and interview, the facility to obtain a statement from freedom of communicable for staff B from the healthcare provider and the facility failed to obtain documentation or evidence of the annual negative examination ( ) test for staff C.

Findings:

1. Personnel record review for staff B revealed a hire date of . There was statement from a

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healthcare provider that staff B was free from communicable . . .

2. Staff C's personnel record review revealed no evidence that the annual exam was completed for 2017. The last annual test on file was dated . . . .

On . . . . at 11 AM, an interview with staff A, who confirmed the above findings.

Class III

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

DEFICIENCY REMAIN UNCORRECTED

Based on personnel record review and interview, the facility failed to ensure that 2 of 2 sampled staff (A and C) completed the 4 hours annual continuing education training as required for 's or Related . . . . (ADRD) curriculum.

Findings:

1. Review of the personnel record for staff A revealed the last annual 4 hours ADRD training was completed on . There was no documentation staff B completed the 4 hours annual (ADRD) training for 2017.

2. Review of the personnel record for staff C revealed the last annual 4 hours ADRD training was completed on . There was no documentation staff C completed the 4 hours annual (ADRD) training for 2017.

During an interview on . . . . at 11 AM with staff A, who confirmed the above findings.

Class III