STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932571	**01/04/2018**
NAME OF PROVIDER OR SUPPLIER **FEEL AT HOME, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **129 WEST 131ST AVENUE** **TAMPA, FL 33612**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint survey, (CCR# 2018000013), was conducted at Feel at Home ALF on . Feel at Home, Inc., ALF, had a deficiency identified at the time of the visit.

(License # 4653)

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on interview and record review, the facility failed to provide care and supervision to meet the needs and keep a record of additional services needed for one Resident (#1) who is on Hospice.

Findings included:

A record review conducted on for Resident #1, admitted to Hospice Care on or about , 2017, found no evidence of which Hospice Resident #1 admitted to and no Interdisciplinary Care Plan determining care and services provided by Hospice and those care and services provided by the Faciltiy.

An interview conducted on at 02:00pm, revealed that the Facility did not have any information regarding Resident #1 admission to Hospice in regards to: admission date, which Hospice Resident #1 admitted to, or the Interdisciplinary Care Plan. The Administrator stated that she would make contact with a third party provider and get that information "they will have it."

Class III