STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968158	**10/02/2017**
NAME OF PROVIDER OR SUPPLIER **AT HOME CARE ASSISTED LIVING FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **42042 CHINABERRY ST** **EUSTIS, FL 32736**	

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

0000 - Initial Comments

On an unannounced abbreviated biennial licensure survey was conducted at At Home Care Assisted Living, Inc. (License # 12099), Eustis, FL. Deficient practice was identified at the time of the survey.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and interview the facility failed to ensure unlicensed staff (Staff C) adhered to the procedures for assistance with self administration of medication as described in Section 429.256 of the Florida Statutes (F.S) for 1 of 1 residents observed (Resident #1).

Findings:

A Medication Review was completed on at 12:05 PM. During the observation unlicensed staff (Staff C) was observed crushing the Hycyamine tablet into applesauce per the physician's crushing order, then mixing the crushed tablet into a 1/2 cup of applesauce. Then Staff C was observed spooning the applesauce mixture into the mouth of Resident #1 until it was all gone.

An interview was conducted with Staff C on at 12:18 AM concerning the medication pass with Resident #1. When asked if Resident #1 was able to feed herself the applesauce she stated yes, I believe so. She stated she thought by cueing the resident to open her mouth was considered the resident assisting with self administration. She further stated, I will advise the rest of the staff to let the resident spoon the applesauce mixture herself and not to feed it to her.

Class III