STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966973	R 01/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMOEDO'S ALF, INC	**3415 W IVY STREET** **TAMPA, FL 33607**

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

0000 - Initial Comments

Assisted Living Facility

On , a follow-up visit was conducted to an abbreviated biennial state relicensure survey of at Amoedo's ALF, Inc., (License # 11149), an Assisted Living Facility, located in Tampa, Florida. Previously identified deficient practices remained uncorrected. There were additional deficiencies identified during the survey.

(License # 11149)

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

Based on record review and interview, the facility failed to ensure that one of two residents selected for review (Resident #3) met criteria for continued residency in the facility and had a face-to-face medical examination by a health care provider after a significant change.

Findings included:

Upon facility entry on at 06:46 a.m., Resident #3 was observed seated in a wheelchair in the living . Resident #3 was tied to a wheelchair with a blanket across the resident's chest and tied behind the backrest of the wheelchair.

During interview with the Owner on at 06:56 a.m., he confirmed that the employees tied Resident #3 with a blanket to keep her from falling because she can't hold herself up.

On at 08:34 a.m., the Owner and the Administrator reviewed the most current health assessment (AHCA Recommended Form 1823) completed on for Resident #3, and confirmed that the health assessment did not reflect Resident #3's status. Owner confirmed that Resident #3 needed medication administration and cannot sit up by herself. Owner stated that because of Resident #3's current condition, she needed total care with sitting up, transferring, dressing, and eating.

During interview with the Responsible Party for Resident #3, on at 1:13 p.m., they acknowledged that the facility has used a wheelchair with strap and buckle, and stated that they did not know that the Facility was still using a blanket to keep Resident #3 in the wheelchair.

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Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, and interview, the facility failed to ensure that one of six sampled residents (Resident #3) was free from physical .

Findings included:

Upon entry to the facility on at 06:46 a.m., Resident #3 was observed seated in a wheelchair in the living . Resident #3 was tied to a wheelchair with a blanket across the resident's chest and tied behind the backrest of the wheelchair.

During interview with the Owner on at 06:56 a.m., he confirmed that the employees tied Resident #3 with a blanket to keep her from falling because she can't hold herself up. He stated that it was a request by the Responsible Party, and confirmed there was no physician orders authorizing the .

During interview with the Responsible Party for Resident #3, on at 1:13 p.m., they acknowledged that the facility has used a wheelchair with strap and buckle and stated that they did not know that the Facility was still using a blanket to keep Resident #3 on the wheelchair.

Class III

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

Based on observation, interview, and record review, the facility failed to provide assistance with self-administered medications in accordance with procedures described in Section 429.256, F.S. Specifically, unlicensed staff (Staff B) administered oral medication for one (#3) of three resident selected for medication observation review.

Findings included:

During an observation of assistance with self-administration of medication with Staff B, conducted on at 07:12 a.m., Staff B was observed administering medication dosages orally for Resident #3, by scooping the crushed medication tablets, mixed with oatmeal, and administering it for the

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Resident #3 with a spoon. The resident's hands did not make contact with the spoon. The Owner, who was present for the observation, stated that Resident #3 was not able to self-administer medication with assistance and required administration.

During interview with the Administrator, on at 11:59 a.m., the administrator stated that she was not sure why staff spoon-fed medication to Resident #5, and that staff "was nervous."

Review of health assessment (AHCA Recommended Form 1823) completed on for Resident #3 revealed that it did not indicate the level of assistance needed with medications.

Class III

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 for one (#5), of three residents selected for medication review.

Findings Included:

During an observation of assistance with self-administration of medication with Staff B, conducted on at 07:35 a.m., Staff B was observed assisting Resident #5 with self-administration of scheduled medications.

Review of Resident #5's MOR conducted on at 08:34 a.m., revealed that one prescribed medication that was provided to Resident #5 was not documented as given since , for a total of 21 days. Staff B confirmed that she provided the medication to Resident #5 daily, and stated that she overlooked documenting the medication in the MOR. The Owner and the Administrator, who were present, confirmed observation and verified that Resident #5 did not have order for discontinuation of the medication.

Class III

0058 - Pharmacy & Dietary; Uncorrected Deficiencies - 429.42(1-2) FS; 58A-5.033(3)(a) FAC

Based on interview and record review, the facility has ongoing deficient practice related to the assistance with self-administration of medications.

Findings included:

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During a survey conducted on , the facility was cited with one Class III deficiency for Medication - self-administration of medication. During a revisit, conducted on , the facility was cited for Medication - self-administration of medication at an uncorrected Class III.

During an observation of assistance with self-administration of medication with Staff B, conducted on at 07:12 a.m., Staff B, an unlicensed staff, was observed administering medication dosages orally for Resident #3, using a spoon. The resident's hands did not make contact with the spoon. The Owner, who was present for the observation, stated that Resident #3 was not able to self-administer medication with assistance.

Based on uncorrected class III deficiencies concerning assistance with self-administration of medications, the facility shall be required to employ the consultation services of a licensed pharmacist or a registered nurse.

The consultant shall at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required.

This serves as a written notification of the requirement for the above described consultation services.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to submit a Comprehensive Emergency Management Plan (CEMP) to the local emergency management agency for review and approval.

Findings included:

Record review, conducted on , revealed no evidence of an approved CEMP by the local emergency management agency.

The Owner and the Administrator provided a Fire Safety Evacuation Plan Review report, dated , from the local fire authority, and identified it as CEMP approval. The Owner also confirmed that the facility does not have a variance that extended the deadline for meeting the requirement for the Emergency Power Plan.

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During interview with a Manager of the local Emergency Management, on at 03:22 p.m., she clarified that Evacuation Plan Review was not a CEMP approval. The Facility's last approval letter for CEMP was in 2010. She confirmed that the facility hdid not submitted any additional documentation.

During telephonic interview with the Owner, on at 09:35 a.m., the Owner was not aware of that the Facility was to submit and receive approval for the Comprehensive Emergency Management Plan with the local county.

Class III