STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967243	**02/26/2018**
NAME OF PROVIDER OR SUPPLIER **HOME SWEET HOME ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **6981 COOLIDGE STREET** **HOLLYWOOD, FL 33024**	

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

0000 - Initial Comments

A Standard Relicensure survey was conducted on at Home Sweet Home Assisted Living, License # 11301. The facility had deficiencies at the time of the survey.

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

Based on observation, record review and interview, the facility failed to ensure the health assessment (AHCA Form 1823) was completed and accurate for 2 out of 2 sampled residents (Resident #2 and Resident #3).

The findings included:

On , the health assessments for Resident #2 and Resident #3 were reviewed and had the following omission:

a) The Health Assessment (AHCA Form 1823) for Resident #2 dated , does not state whether the resident's needs can be met in an Assisted Living Facility (no entry/left blank).

b) The Health assessment for Resident #3 was reviewed and did not reflect that the resident was currently receiving hospice services. Resident #3 had a current Integrated Disciplinary Care Plan (IDCP) dated . The Administrator also confirmed during an interview on at 1:05 PM that the resident is currently receiving hospice services and has been on hospice since admission, .

These findings were discussed with the Administrator on at 1:40 PM. She acknowledged the findings and confirmed that both Health Assessments required revisions. The facility provided no additional documentation for review at this time.

Class III

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

Based on observation and interview, the facility failed to follow the proper procedures for providing assistance with self -administration of medication, for 1 out of 1 residents (Resident #2, Resident #4, Resident #5 and Resident #6) observed during the medication pass.

The findings included:

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HOME SWEET HOME ASSISTED LIVING	**6981 COOLIDGE STREET HOLLYWOOD, FL 33024**

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

Observations on [redacted] at 9:35 AM found Resident # 2 receiving the following medication: [redacted] Fumerate 25 mg. At 9:35 AM, observations during assistance with self- administration of medication revealed Staff A, an unlicensed staff member, assisted Resident # 2 with self - administration of medications. Observations revealed that prior to assisting the resident with medications, Staff A did not sanitize her hands, Staff A pre-signed the MOR and Staff A did not state the name of medication.

Observations on [redacted] at 9:37 AM found Resident # 4 receiving the following medication: [redacted] 50 mg tab, Sentraline 100 mg tab, [redacted] Funerate 200 mg tab and [redacted] 250 mg. At 9:37 AM, observations during assistance with self- administration of medication revealed Staff A, unlicensed staff member, assisted Resident # 2 with self - administration of medications. Observations revealed that prior to assisting the resident with medications, Staff A did not sanitize her hands, Staff A pre-signed the MOR and Staff A did not state the name of medication.

Observations on [redacted] at 9:39 AM found Resident # 5 receiving the following medication: Finsteride 100 mg tab, Amlopidine Beyslate 5 mg tab, [redacted] 20 mg tab, [redacted] 10 mg tab. At 9:39 AM, observations during assistance with self- administration of medication revealed Staff A, unlicensed staff member, assisted Resident # 2 with self - administration of medications. Observations revealed that prior to assisting the resident with medications, Staff A did not sanitize her hands, Staff A pre-signed the MOR and Staff A did not state the name of medication.

Observations on [redacted] at 9:39 AM found Resident # 6 receiving the following medication: Fish Oil 1 1000 mg capsule, Cranberry 250 mg capsule, Amlopidine Beyslate 10 mg tab, C, [redacted] 10 mg tab. At 9:41 AM, observations during assistance with self- administration of medication revealed Staff A, unlicensed staff member, assisted Resident # 2 with self - administration of medications. Observations revealed that prior to assisting the resident with medications, Staff A did not sanitize her hands, Staff A pre-signed the MOR and Staff A did not state the name of medication.

In an interview on [redacted] with Staff A (Administrator) at 11:00 AM, she acknowledged her errors during the medication pass.

Class III