STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932571	R 02/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FEEL AT HOME, INC.	**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 (ALF)

A Re-visit to . . . . . Complaint Survey (CCR#: 2018000013) was conducted at Feel at Home Assisted Living Facility on . . . . in conjunction with a complaint survey. Feel at Home Assisted Living Facility had uncorrected deficient practice related to the revisit identified at the time of survey.

(License#: 4653)

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

Based on observations, record reviews, and interviews the facility failed to provide the level of supervision, care and oversight required to meet the needs of 16 of 16 sampled residents accepted for admission to the facility.

Findings Included:

During a review of Resident #1's record, Resident #1's most current Agency for Healthcare Form 1823 (AHCA 1823) stated "Needs 24-hour nursing or , , ... care."
A review of Resident #8's record revealed that Resident #8's most current AHCA 1823 further stated, "Needs cannot be met in an Assisted Living Facility (ALF), requires administration of medications, and requires 24-hour nursing or , , care."
A review of Resident #9's record revealed that Resident #9's most current AHCA 1823 stated, "Requires medication administration" and there was no indication that needs could be met in an ALF.
A review of Resident 18's record revealed that Resident #18's most current AHCA 1823 stated, "Needs cannot be met in an ALF."
The facility does not employ nurses. The facility did not contract with third party services to meet the needs of Resident #1, Resident #8 and Resident #9.

A review of the facility records on the date of the survey revealed that the facility had no documentation indicating the facility conducted elopement drills pursuant to Sections 429.41(1) (a)3. and 429.41(1)(l), F.S. The last documented Elopement Drill was conducted on .
A review of the records of Resident #1 and Resident #18 on . . . . . revealed Resident #1 eloped from the facility on and Resident #18 eloped from the facility on .

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SUMMARY STATEMENT OF DEFICIENCIES
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A review of the facility's admission and discharge log on the date of the survey revealed it was not up-to-date. During an interview with the administrator on at 7:55 AM, the Administrator was asked about the whereabouts of Resident #13. The Administrator stated Resident #13 "left with his friend at 0500 am." During a later interview that same date at 3:41 PM, the Administrator stated that Resident #13 was discharged from the facility.

During an interview with the Administrator conducted on at 3:41 PM, the Administrator was asked about Resident #12, who had been observed in the facility. The Administrator provided Resident #12's first name. During continued interview, the Administrator stated she did not know Resident #12's last name and stated he had been admitted "the other day", then adding it was "three to four days ago." The Administrator confirmed that Resident #12 was not on the admission and discharge log and stated she did not have a resident record for Resident #12 or any information on him.

Class III