STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932691	**06/21/2018**
NAME OF PROVIDER OR SUPPLIER **AT HOME WITH FRIENDS**	STREET ADDRESS, CITY, STATE, ZIP CODE **3901 W. PLATT STREET TAMPA, FL 33609**	

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

0000 - Initial Comments

Assisted Living Facility

On , 2018 a Complaint survey (CCR#2018005372) was conducted at At Home With Friends. Deficiencies were identified at the time of the visit.
(license #8195)

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 documentation of a face-to-face heath assessment on the Agency for Health Care Administration form 1823 (AHCA 1823) was completed for 2 of 2 (Resident #1 and #2) residents sampled.

The findings included:

A closed record review conducted on of Resident #1's AHCA 1823 form revealed it was incomplete as it did not identify the date, type of diet, if the resident needs can be met in an Assisted Living Facility and the type of medication assistance the resident required.

A record review conducted on of Resident #2's AHCA 1823 form dated revealed no documentation that a new AHCA 1823 form had been obtained to reflect a significant change in Resident #2's condition requiring an admission to Hospice on .

During an interview with the Administrator conducted on at 9:51am, the Administrator acknowledged and confirmed that there was no documentation of a new AHCA 1823 form to show the significant change in Resident #2's condition requiring an admission to Hospice on . She stated "Well get a new one from Hospice."

During a second interview with the Administrator conducted on at 12:37pm, regarding Resident #2 the Administrator stated "Her Doctor will be in tomorrow to update her 1823." The Administrator also acknowledged and confirmed the omitted information on Resident #1's AHCA 1823 form.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

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

Based on record review and interview the facility failed to follow the directions for a physician ordered medication for 1 of 6 (#5) residents whose medication observation records (MOR's) were reviewed.

Findings included:

During a review of the 2018 MOR's for Resident #5, they revealed an order for 0.125 MG tablet. The directions on the medication label and the MOR read, Take one tablet by mouth every day (hold for pulse under 60.) The medication was documented in the MOR as given daily at 7:00 AM.

During an interview with Staff A on at 12:35 PM, they stated they did in fact assist resident #5 with her medications daily. They stated they did not conduct a check for her pulse before it was given.

During an interview with the Administrator on at 12:45 PM they confirmed they do not have nurses on staff to conduct pulse or checks to determine if a medication should be given.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview the facility failed to ensure 2 of 4 (A, C) staff whose records were reviewed, had a 2-hour annual update in assistance with self-administration of medication.

Findings included:

On a review of the record for Staff A was conducted. Staff A's record revealed their last 2-hour annual update in assistance with self-administration of medication was conducted on .

On a review of the record for Staff C was conducted. Staff C's record revealed no documentation of an annual 2-hour update in assistance with self-administration of medication.

On at 12:45 PM, during an interview with the Administrator, they stated they would make sure Staff A and Staff C received the updates as required.

Class III

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

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview, the facility failed to ensure 2 of 4 (A, C) staff, whose records were reviewed, had a level II background rescreening (BGS) every 5 years following their employment in a position requiring one.

Findings included:

During a review of the record for Staff A on , with a hire date of , it revealed documentation of a level II BGS with an eligibility date of .

During a review of the record for Staff C on , with a hire date of , it revealed documentation of a level II BGS with an eligibility date of .

During a review of the Background screening clearinghouse on , it confirmed Staff A and Staff C's last level II BGS eligibility was expired.

On during the hours of the survey (8:30 AM-1:00 PM) Staff A was observed working in the facility, providing direct care to the residents.

During an interview with the Administrator on at 12:45 PM, they confirmed Staff A and Staff C would require a new level II BGS to be conducted.

Unclassified