STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965243	**06/22/2018**
NAME OF PROVIDER OR SUPPLIER **FRIENDS AT HOME ASSISTED LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3680 CANAVERAL GROVES BLVD. COCOA, FL 32926**	

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

0000 - Initial Comments

A monitoring visit was conducted on , 2018. Friends At Home Assisted Living, Inc., license #9640, had deficiencies at the time of the visit.

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

Based on observations, record review, and interviews the facility failed to treat residents with consideration and respect and with due recognition of personal dignity and the need for privacy.

Findings:

Observations made on at 10:40 a.m. revealed the facility had two common resident on the right of the facility and one on the left of the facility. The two located on the right of the facility had locking mechanisms on the doors that were , and the one on the left of the facility had a sliding door that did not contain a locking mechanism.

Observations made on at 11 a.m. revealed the of resident #1 did not have a locking mechanism. She said she was not allowed to have a lock on the door and that she wanted a lock because everyone came into her . She spoke with the facility manager about wanting a lock and said it was like talking to the wall.

On at 11:15 a.m. the house leader said she did not know why resident #1's did not have a locking mechanism. She confirmed the two common resident had locking mechanisms that were , and the sliding door on the the left of the facility did not have a locking mechanism.

Resident #1's record revealed a facility admission date of . The record did not contain documentation to indicate a lock was not permitted on her .

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on review of the staffing schedule and interview the facility failed to maintain the minimum staff hours per week.

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FRIENDS AT HOME ASSISTED LIVING, INC	**3680 CANAVERAL GROVES BLVD. COCOA, FL 32926**

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

Findings:

On at 10:40 a.m., the house leader said the facility had a resident census of 15; she identified resident #2 and said she was at the facility for day care services, which was 16 residents.

On at 11:45 a.m. a review of the facility's staffing schedule revealed staff B was listed as working in the office from 10 a.m. to 3 p.m. however, the house leader said staff B did not provide resident care but rather he ran errands and performed maintenance on the facility. For the week of -, the schedule indicated the facility had 231 scheduled staff hours however, with a census of 16 the facility was required to have 253 staff hours.

In order to assist in determining the facilities required staff hours, a request was made on at 11:59 a.m. to review documents for resident #2 to determine when she was at the facility for day care. The house leader only provided a demographic sheet that did not indicate when resident #2 began attending day care at the facility nor did it indicate the days and times she attended day care. The house leader said she was unable to remember when resident #2 began attending day care at the facility but she believed the resident had only been there for one hour last month and again on and . She said the facility provided resident #2 with supervision while she was at the facility.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observations and interview, the facility failed to maintain an environment that was free of hazards.

Findings:

Observations made on at 11:13 a.m. revealed the bolt locking mechanism on both the front and garage doors were placed on the doors in a manner in which the doors could be manually locked and unlocked from the outside of the doors rather than on the inside, as is normally installed. In addition, a key was required to unlock the bolts from the inside of the facility. The house leader said the facility turned the bolt lock backwards on the front door a few months ago when a male resident, who had , would get outside and a female resident would try to go into the garage to do her own laundry. She said neither resident currently resided at the facility and said the locks were never turned back around.

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

The bolts on both doors were installed incorrectly thus creating a fire hazard.

Class III

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

Based on record review and interview, the facility failed to submit its emergency plan for review and approval to the local emergency management agency annually.

Findings:

On at 10:35 a.m. a request was made to the administrator to be provided with the facility's most recent approval letter from the local emergency management agency for its emergency management agency. The administrator provided an approval letter from the county that was dated on and said the facility did not submit its plan for approval during 2016 and 2017, as required.

Class III