STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967918	**09/12/2018**
NAME OF PROVIDER OR SUPPLIER **HOME AWAY FROM HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **324 LYMAN PL** **WEST PALM BEACH, FL 33409**	

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

0000 - Initial Comments

An unannounced Relicensure Survey was conducted on , 2018 at Home Away From Home, License #11913. The facility had deficiencies identified at the time of the survey.

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

Based on interview and record review, it was determined that the facility failed to ensure a resident's Health Assessment (AHCA 1823 form) was accurate and reflective of a resident's current diagnosis and care needs (including nursing requirements), for 2 of the 4 sampled residents (#1 and #2).

The findings include:

a) Record review for Resident #1 indicated a health assessment was completed on . The AHCA 1823 form did not reflect an update to the nursing component section. Resident #1 started receiving nursing services on for an injury to his right toe. The AHCA 1823 form did not reflect that the resident had three of his toes amputated. There was a physician's order, attached to the residents' AHCA 1823 form for resident to self-administer , but the order was not dated.

During an interview with the facility administrator on at 2:25pm, it was revealed that she didn't realize that the order was not signed, and that she will contact the resident's doctor to get the resident an updated AHCA 1823 form completed to reflect the changes.

b) Record review for Resident #2 indicated the health assessment that was completed had two different signatures on two different dates (and). The AHCA 1823 form appeared to be altered; there were whiteout marks on the original document, and then copied. The whiteout spaces were over the checked boxes, in the section indicating whether or not the resident was to receive assistance with self-administration. Surveyor also observed that in the activities of daily living section, some on the check marks under the assistance tab were crossed out, but not initialed to show the mistake in marking. There was no documentation the physical or sensory limitations section of the 1823 to reflect that resident #2 ambulates with a wheelchair, nor is that left leg amputated.

During an interview with the facility Administrator on at 2:22pm, it was revealed that Resident #2's, AHCA 1823 form was scanned from the resident's doctor office, and that if the AHCA 1823 form was altered she didn't have anything to do with it. Administrator stated that she will get an updated 1823 form for the resident.

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Class III

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on record review and interviews, the Assisted Living Facility failed to provide records of the nursing services administered by a home health agency, for one of four sampled residents' records reviewed (Resident #1) .

Findings included:

On at 11:05am; Review of Resident #1's record revealed that the resident receives nursing services, there were no progress reports explaining where the resident was receiving care, the status of the treated area, nor how long resident has been receiving care.

During an interview with the facility Administrator on at 11:11am, it was revealed that when Resident #1 arrived to the facility, the administrator noticed there were wounds on the residents toe. The Administrator confirmed that Resident #1 receives services from a home health agency, but did not know how long care was being rendered or what condition Resident #1's toes were in. The Administrator admitted that she did not have a communication log with the nurse that comes out to the facility.

During an interview with Administrator from {name of the company } on at 2:34pm, it was revealed that the resident has been receiving nursing services since , for his second toe on his right foot. The Administrator stated that the resident cut his toe on his wheelchair, and that he receives services to keep the area clean, dry and . Administrator stated that the is not given a stage because it is not a , but considered a ; as a result of an injury, and the resident receives care daily.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review, and interview, it was determined that the facility failed to maintain an accurate Medication Observation Record (MOR), for 2 out of 4 sampled medication records reviewed (Resident#1 and #4).

The findings include:

a) Review of Resident #1's MOR for the month of , 2018 revealed that Resident #1's

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medication was not listed on the MORs. It was also revealed that Resident #1's medical diagnosis was not recorded on the medication observation record. Further interview with the Administrator on at 12PM, it was revealed that the resident self -administers his own .

b) A review of Resident #4's facility written medication observation record revealed that Resident #4's medical diagnosis was not recorded on the medication observation record. Review of Resident#4's AHCA form 1823 confirmed multiple diagnosis for the resident, confirming the missing information.

During an interview with the Administrator on at 2:25pm, it was revealed that Resident #1's Medication Observation Record (MOR) was faxed to her from the doctor. The Administrator stated that she will contact the doctor to receive a updated order, to reflect what is missing; and have her employee create a new MOR on the computer to use for resident #4 with the required documentation.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the Assisted Living Facility failed to physican order medications locked at all times for 1 out of the 4 sampled residents (#1).

Findings included:

Observation on at 8:47am revealed that there was medications bottles stored in an unlocked personal mini refrigerator; located in the kitchen area of the facility. According to the Administrator she uses it to store resident's personal food items and refrigerated medications. Further observations of the kitchen area revealed the area was access to all persons in the vicnity of the kitchen.

During an interview with the facility Administrator on at 9:40am, it was revealed that Resident #1, was capable of self-administering his and didn't think that it had to be locked up. Administrator stated that she will get a small lock box for the .

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to have evidence of a negative examination documented on an annual basis for one out of three sampled staff (Staff C).

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Findings included:
A review of Staff B' personnel file (hired on . . . . .) revealed there was no proof of past . . . . . examination completed.
During an Interview with facility administrator on . . . . . at 2:14pm, it was revealed that staff C did not receive the annual examination, but that she will have staff complete the examination as soon as possible.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC

Based on record review, and interview the facility failed to ensure that one out of three (C) sampled staff receive a minimum of 2 hours of continuing education training on providing assistance with self-administered medications prior to assuming this responsibility.

Findings included:

A Record review conducted on . . . . , revealed that Staff C (hired . . . .) did not have documentation that the staff member received the required 6 hour training for providing assistance with self-administered medications. Further record review revealed Staff C had completed 4 hours of medication training on . . .

During an interview with the Administrator on . . at 2:14pm, she stated that she wasn't aware of Staff C not being in compliance with the medication update requirement, and that she will have Staff C take the update as soon as possible.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review and interview, the facility failed to have a menus posted conspicuously in an area available to residents and posted prior .

Findings included:

Observation on . . . . at 11:30am revealed that the facility's menus were posted in the kitchen of the facility; but not conspicuously in an area available to residents. Further observations of the menu was

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the current week and date, used by the Food Manager, revealed the wrong menu cycle was used. According to the Administrator and the Food Manager, week #1 was used instead of week #2 in meal prepartion for noted date. This was also confirmed in observations of the actual lunch meal items prepared.

During an interview with Administrator on at 11:35am, she confirmed the findings and stated that, "the menus were posted, but I will post them on the bulletin board".

Class III

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

Based on observations and interview, it was determined the facility failed to ensure that all residents in the assisted living facility were provided with a suitable living environment.

Findings included:

a) Observations conducted during the facility tour on at 7:50am, revealed that in bed 1, the blinds were missing blinds in both of the windows, paint on the walls and ceiling of the discolored with another shade of paint, exposing both colors. The resident's bedframe was rusted and the box spring was dirty and ripped. Surveyor observed that the side of the black dresser was missing paint; exposing its brown under color.

b) Observations conducted during the facility tour on at 7:57am, revealed that in bed 1, was missing blinds in the window, paint on the walls were discolored with another shade of paint; exposing both colors. Surveyor observed that the resident's bedframe was rusting.

c) Observations conducted during the facility tour on at 8:02am, revealed that in , Bed 1, the bedframe were rusting and box spring was dirty and shredding on the front right hand corner. There were missing blinds in both of the windows, paint on the walls and ceiling of the discolored with another shade of paint, exposing both colors. Strong like odor dominating the entire extending into the hallway area.

d) Observations conducted during the facility tour on at 8:05am, revealed that in bed 2, the bedframe was rusting and box spring was dirty, and shredding on the front right hand corner. Surveyor observed that the paint was discolored on the and ceiling as well; exposing both colors. Surveyor also observed that there was a drawer missing from the bottom of the clothes dresser,

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and a rip in the bed linen on the resident's bed.

e) Observations conducted during the facility tour on at 8:05am, revealed that in bed 1, there was a chip in the paint on the wall.

f) During an interview with the facility administrator on at 8:25am, it was revealed that she spot painted the walls and ceiling in the resident's , and the color she used didn't match the original color. Administrator admitted that the bed frames and box springs were older; and that she will get new box springs, bedframes, and paint the walls with one color.

g) On at 8:30am; Surveyor observed that there were various nails in the wall; throughout the dining area and sitting areas. Nothing was hanging from the nails in the walls; nails were just exposed.

During an interview with the facility administrator on at 8:33am, it was revealed that the nails are in the walls in the event that something needs to be hung on the walls, and also for the holiday decorations.

h) On at 9:52am; miscellaneous household and potentially hazardous items were observed resting up against the side wall of the facility. Some of the items observed included; a gasoline tank, exercise equipment, various sized laundry baskets, and buckets, a piece of wood, a folding, along with other items.

i) The patio area located on the right side of the house (rear area), it was noted that the right side located against the main side of the house wood panel was detaching in various areas (not secured); posing a risk hazard to the residents that constantly sit in the area.

During an interview with the facility administrator on at 9:55am, it was revealed that administrator will be clearing that area out; to increase the facilities gardening space; in hopes to try to get the residents to participate in gardening with her. Administrator stated that she will also be purchasing a shed, to use a storage.

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

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Management Plan (CEMP) to the county for review and approval, as required.

The Findings Included:

Upon request of the facility's CEMP, the Administrator provided a binder containing various facility documents. The surveyor did not observe an approved CEMP Plan for 2017 nor 2018. The Administrator was asked for the CEMP plan, and was unable to present a copy of the plan to the surveyor at the time of the survey.

During an interview with an employee from The Division of Emergency Management office on . . . . . at 9:25am, it was revealed that the facility's CEMP was last approved on 11-28-2012, it was also revealed that on . . . . the facility submitted a CEMP, but the plan has not been reviewed.

Class III