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	AL11967505	**10/31/2018**
NAME OF PROVIDER OR SUPPLIER **HOME SWEET HOME ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **5700 SW 46 TERRACE MIAMI, FL 33155**	

SUMMARY STATEMENT OF DEFICIENCIES
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Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on record review and interview, the facility failed to obtain a new eligible Level II background screening result for one of four sampled staff who had a break in service of 90 days or more (Staff C). The facility also failed to have a signed attestation of compliance with background screening for one of four sampled staff (Staff C).

Findings as follow:

A review of Staff C's personnel record showed her background screening was conducted on . Staff C was hired on . Further record review showed the facility had no the Attestation of compliance for Staff C available for review.

On at 2:00 PM Staff C interviewed verified she started working at the facility on . She stated that she did not work at any other place before the starting date at this facility on .

Unclassified

Z828 - Administrative Fines; Violations - 408.813(3) FS

Based on observation, record review, and interview, the facility exceeded its license capacity of six by having eight residents.

Findings as follow:

On at 8:15 AM, observed Resident 1 (#), Resident 2 (#), Resident 3 (#) Resident 4 (#), Resident 5 ( ), Resident 6 (#) Resident 7 (#), Resident 8 (#).

A review of the onsite supplies showed the facility kept medications for eight out of eight residents.

On at 8:25 AM, Resident #7 stated that she lived in facility and slept in # . She stated that staff offered to assist her with bathing, but she did it herself.

On at 8:35 AM Staff B stated Residents #7 and #8 were daycare clients, however after a while, she admitted Residents #7 and #8 were living in the facility. She also stated that she assisted them with self administration of medications.

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On [redacted] at 11:30 AM the Administrator stated that the facility had eight residents but would fix the problem immediately.

Unclassified

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0000 - Initial Comments

A standard biennial survey was conducted on . . . . . Home Sweet Home Assisted Living Family Corp. ALF with a Limited Mental Health license, had the following deficiencies identified at the time of the survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation, record review and interview ,the facility failed to honor 1 out of 8 residents' rights by having the resident restrained by the use of full bed rails that resident could not remove, and for which there was no prescription (Resident #5).

Findings as follow:

On . . . . . at 8:15 AM Resident #5 was observed in bed with two half bed rails forming a full bed rail on the left side of her bed. The resident was trying to stand up but the rails were not allowing her to do it. Staff B saw it and went to Residents bed, removed a bed rail and assisted the resident to stand up from bed.

Record review showed Resident #5 was not under hospice care, and there was no prescription for the use of bed rails.

On . . . . . at 8:20 AM Staff B stated that she installed the full bed rail on Resident #5's bed to keep the resident from falling.

Class III

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observation, record review and interview, the facility failed to follow the correct procedure when assisting two of eight sampled residents with self -administration of medication (Residents #3 and #5).

Findings as follow:

On . . . . . at 9:35 am, observed Staff B assist Resident #5 with self administration of 8:00 AM medications , Dr 40 mg cap 1 cap by every day 8 am, , 10 mg take 1 tab by

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every day 8 am, , 0.5 mg tab take 1 tab by 2 times per day 8 am 8 PM. Staff B then served Resident B breakfast while the resident sat at the dining table, Staff served the breakfast to her. Staff washed her and put gloves on.
Staff unlocked the medication cabinet, in the kitchen, took the , did not lock the cabinet , went to the dining table where resident was, prompted the medication to resident, one pill dropped on the table, Staff took it with her with gloves and put it in resident's , Staff punched the pill from the to her , took pill with her with gloves and gave it one by one to the resident in Resident's . Resident put the pills in her . Staff observed resident swallowed the medications. Staff did not mark in the Medication Observation Record (MOR) that the medication was given. A review of the MOR showed that 20 mg (take one tablet by every at day 8 am) was not given to the resident although it was ordered.

On at 10:25 AM Staff B assisted Resident #3 with self administration of 8 am medications. With her gloves on, Staff B assisted the resident to transfer from bed to the dining table. Staff took out the medications and left them on the counter. Staff prepared two pieces of toast with margarine and served that resident, leaving the medications unattended and the cabinet open. Staff B came to the kitchen and took the medications to the dining table to where Resident #3 was, identified the medications to Resident #3, put the medication from the medication card into the resident's and observed the resident swallow the medications. Staff marked in the MOR that the medications were given.

On at around 10:30 am, Staff B admitted that she made many mistakes when she assisted Residents #3 and #5 with self administration of medications because she was nervous. She added that she believed the 20 was given to the Resident that morning by Staff C but she was not sure if Staff C threw the finished medication card away with other finished card, by mistake. This medication was marked as given from until .

Class III

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

Based on observation, record review and interview, the facility failed to maintain a daily Medication Observation Record (MOR) for two of eight sampled residents who received assistance with self-administration of medications (Residents #7 and #8).

Findings as follow:

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On at 8:25 AM, observed Residents #7 and #8's medications in a drawer in the staff room.

Review of the facility's medication observation record (MOR) revealed, the facility did not have MOR records for Residents #7 and #8 who received assistance with self-administration of medications.

On at 08:30 AM Staff B stated she assisted Residents #7 and #8 with self- administration of medications. She stated they took medications in the morning and at night, and that the site did not keep a MOR for Residents #7 and #8.

Class III

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

Based on observation and interview the facility failed to have the medications for two of eight sampled residents locked at all times (Residents #7, #8).

Findings as follow:

On at 8:30 AM, observed the medication for Residents #7 and #8 were kept in a drawer with no lock in the staff room, in zipped plastic bags. The staff room had no door.

On at 8:30 AM, Staff B stated that Residents #7 and #8's medications were kept in her room because nobody goes in her room.

Class III

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

Based on observation, record review and interview the facility failed to ensure that prescriptions for one out of eight sampled residents who receive assistance with self-administration of medication are filled or refilled in a timely manner (Resident #3).

Findings as follow:

On at 10:25 AM, Staff B assisted Resident #3 with self-administration of 8 am medications.
On at around 10:26 AM, Staff B stated she could not give medications , , ,
10 mg, Clopidrogel 7.5 mg or 25 mg 1 to Resident #3 because were requested from the resident's Doctor, and they had not arrived. Staff B further stated the medications where last given to

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Resident on .

On at 10:55 AM a person from the Doctor's office brought , Clopidrogel 7,5 mg and 25 mg.

On at 11:33 AM Staff assisted Resident #3 to take the medications but , 10 mg 1 tab 8 am was not given to Resident because it was still missing.

On at 11:40 AM Staff B called Resident #3's Doctor and asked for the medication . They stated that medication was in hold, no reason given.

On at 11:45 AM Staff B stated that she had called the Doctor on previous Friday and requested they refill for the mentioned medications without success. A review of Resident #3's record showed no documentation of an updated medication order.

Class III

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

Based on record review and interview the facility failed to provide documentation of a negative annual ( ) examination two out of four sampled staff (C and D).

Findings as follow:

Staff record review showed Staff C's (hired on) statement was dated . There was no documentation of a negative screening for Staff D (hired on).

On 2:30 PM Staff B stated Staff C and D already knew that they had to bring the up-to-date statement.

Class III

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

Based on record review and interview, the facility failed to have a staffing schedule showing the minimum staffing hours per week available for review.

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Findings as follow:

Record review showed the facility had no staffing schedule.

On . . . . . at 9:30 AM, Staff B stated she believed the facility had a schedule, but never provided it.

Class III

0080 - Training - Core & Competency Test - 429.52( ) FS; 58A-5.0191(1) FAC

Based on record review and interview, the facility failed to provide documentation of the Administrator's 12 hours of continuing education in topics related to the assisted living facility, every two years.

Findings as follow:

Staff record review showed the Administrator's last 12 hours of continuing education training were completed on .

On 11:30 PM Staff B stated that the facility had never been out of date in Staff trainings.

Class III

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on record review and interview the facility failed to have one of four (Staff D) Staff who assist residents with the activities of daily living trained within 30 days of employment in the required areas.

Findings as follow:

A review of Staff D's record (hired on) showed no documentation of these trainings:

1. Reporting adverse incidents.
2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
3. Resident rights in an assisted living facility.
2. Recognizing and reporting resident , neglect, and , .

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4. Resident behavior and needs.
5. Providing assistance with the activities of daily living.
6. A minimum of 1-hour-in-service training in safe food handling practices.
7. The facility's resident elopement response policies and procedures.
8. control

On at 2:30 PM Staff B stated that Staff D assisted residents with the activities of daily living, and also cooked.

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on record review and interview the facility failed to have a Staff trained in and First AID present in facility at all times.

Findings as follow:

On at 8:15 AM Staff B was observed in facility alone with 8 residents.

Staff record review showed Staff B's and Staff A's and First AID trainings were expired on . The facility had no documentation of or First AID training for Staff D.

On 2:30 PM Staff B stated she believed her and First AID trainings for all Staff were up-to-date.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on record review and interview, the facility failed to have 1 out of 4 sampled Staff who assisted residents with self administration of medications trained as required within 30 days of employment (Staff D).

Findings as follow:

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Record review showed no documentation that Staff D (hired on) received training in how to assist residents with self administration of medications.

On at 2:30 PM Staff B stated Staff D assisted residents with self administration of medications. She added the Administrator knew she had to send Staff D to pass the mentioned training.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to have one out of four sampled staff who assisted residents with the activities of daily living trained within 30 days of employment regarding the facility's policies and procedures on (Staff D).

Findings as follow:

Record review showed no documentation that Staff D (hired on) received training in regarding .

On at 2:30 PM Staff B stated Staff D assisted residents with the activities of daily living, and that the Administrator knew she had to send Staff D to pass the training.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview, the facility failed to have an employment record for one out of four sampled staff containing an employment application and documentation of freedom from signs or symptoms of communicable (Staff D).

Findings as follow:

Record review showed the facility had no employment application or documentation verifying freedom from signs or symptoms of communicable for Staff D hired on .

On at 2:30 PM Staff B stated the facility was missing documents for Staff D because she covered for other staff on their days off.

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Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review and interview, the facility failed to provide a record for one of eight sampled residents (Resident #8). The facility also failed to have a contract executed with Residents #5 and #6.

Findings as follow:

Residents' records review showed the facility had no record for Resident #8. The facility had no contract executed with Resident #5 or Resident #6.

On at 2:00 PM Staff B stated the facility had no records for Resident #8 because she used to be a day care. She stated that the owner was working to complete records of Residents #5, #6 and #8.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review and interview, the facility failed to have prepared a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility. The facility also failed to acquire an alternate power source as a generator and failed to develop written policies and procedures to ensure the alternate power source and fuel can be effectively operated and maintained and to acquire and develop a process to test the alternate power source.

Findings:

On at 8:20 during the facility tour it was observed the facility failed to acquire a sufficient alternate power source such as a generator(s), and maintain it at the assisted living facility, to ensure air temperatures be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of power. A review of the consumer friendly summary that the facility provided showed that it had reported having a portable generator and an Emergency Power Plan implemented on , .

Record review showed no documentation of written policies and procedures to ensure the facility could

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effectively and immediately operate and maintain the alternate power source.

On at 11:30 AM Staff B stated that the facility had never had a generator, but there is one available that the owner brings every time it is need it. Staff B stated that facility had no documents regarding the generator.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

Based on record review and interview the facility failed to have one out of four sampled staff who had direct contact with residents with a mental health diagnosis, trained within 30 days of employment, in a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses (Staff D).

Findings as follow:

Record review showed no documentation that Staff D (hired on) received a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses.

On at 2:30 PM, Staff B stated that the Administrator would send Staff D to the upcoming limited mental health training.

Class III