STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967918	R 11/16/2018
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 revisit to the Relicensure Survey was conducted on at Home Away From Home Assisted Living Facility, License #11913. The facility had deficiencies identified at the time of the visit.

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 1 of the 3 sampled residents (Resident #2).

The findings included:

Review of the most current health assessment (AHCA 1823 form) for Resident #2 revealed no date of examination, or physician's contact information. The medical history and diagnosis section was left blank. The sections for elopement risk, special diet instructions, and the question that asks if the resident's needs can be met in the assisted living facility was all left blank. Additional review of the form revealed that the question that asks if the individual needs assistance taking his/her medications and the type of assistance required was colored in with black pen. Observations revealed that the form was completed in format (giving the appearance of alteration of boxes originally left blank).

Further review of a secondary AHCA 1823 form observed in the file for Resident #2 revealed two different signatures on two different dates (and). Whiteout marks were observed on the original document, and then copied giving the documents the appearance that they had been altered. Whiteout spaces were observed over the checked boxes, in the section indicating whether or not the resident was to receive assistance with self-administration. Further observations of the form in the section that lists activities of daily living revealed several check marks under the assistance tab crossed out, but not initialed to show the mistake in marking. There was no documentation on the physical or sensory limitations section of the 1823 to reflect that resident #2 ambulates with a wheelchair, due to a left .

During an interview with the Administrator at 10:00 am on it was stated that she didn't know the form was like this and that Resident #2 gave it to her when the resident came from the doctor. It was further stated that she will go to the doctor for him to fill the rest of it out.

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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 included:

A) Review of the MOR for Resident #1 on revealed no diagnosis listed on the MOR for the resident or physician contact information for the month of . Review of Resident #1's most current Health Assessment (AHCA 1823 form) dated for revealed that the resident is and require . On the attached medication list, it was observed that following medications were not listed on the MOR: Aspart Human 100 unit/ML injection vial- inject 5 units under the skin three times a day before meals for , Lancet -use Lancet as directed twice a day before meals for testing , Syringe -0.5 ML 30G 0.5 in use syringe as directed 4 times a day for , D3 1000 unit tab take two tablets by twice a day, ( ) vial 10 ML- inject 45 units under the skin at bedtime for , 4GM chew tablet- chew four tablets by as needed for low .

During an interview with Resident #1 and the Administrator on 11/16/2018 at 10:50 AM it was confirmed by both the resident and the Administrator that the facility centrally stores the in the refrigerator that the resident is to self-administer to himself daily. Surveyor observations confirmed the medication storage in a refrigerator located inside of the room designated for staff in a locked box .

During an additional interview with the Administrator on 11/16/2018 at 11:00 AM, it was stated that she did not see that the medication was on the list and that she overlooked it. It was also stated that Resident #1 did not come into the facility with a lot of those medications and that maybe it was discontinued. The findings were discussed and acknowledged, no further information was provided for review.

B) Review of the MOR for Resident #4 revealed medications listed that is not signed off on the MOR for the Month of . Medications listed Cynocobalamin 1000 mg tablet and 50 mg tablet does not have a directions for how many times a day the medication is to be given to the resident. Further review of the MOR for Resident #4 revealed that two medications are listed in each box making

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

it unable to be determined which medication is given for what times, and which medication was signed off by staff that has been given. When requesting a medication list for review to determine if the medications were discontinued that was observed without signatures for given, no medication list was provided.

During an interview with the Administrator at 11:26 AM it was stated that the facility does not have a medication list for Resident #4 because the family never drops one off. When handing the Administrator the MOR to review, the Administrator was unaware that two medications were not signed off on the MOR and was unable to determine if the Resident #4 received both medications daily or were they both skipped over due to multiple medications being listed in the same box. During this time the findings were discussed and acknowledged regarding Resident #4's medications, no further information was provided for review.

Class III
Uncorrected Deficency

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

Based on observation, interview and record review, the facility failed to have a Comprehensive Emergency Management Plan (CEMP) approved by the local emergency management agency.

The findings included:

Upon request of documentation from the local Emergency Management Division of an approved CEMP for the year 2018 through 2019 on , no current documentation was provided.

Review of the CEMP approval letter from the local Emergency Management Division dated for reveals that the CEMP is not approved and that the facility has 30 days from the date of the letter to make the corrections and resubmit it. Review of the receipt of submission revealed that the facility resubmitted the CEMP on 11/03/2018 in a timely manner.

During an interview with the Administrator at 10:00 am on the findings were discussed and acknowledged. No further information was provided during this time.

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Class III
Uncorrected Deficiency

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on Observation, record review and interview the facility failed to maintain a sufficient alternate power source (generator) on site with sufficient fuel to operate the alternate power source equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit in the event of the loss of primary electrical power.

The findings included:

A generator assessment was conducted on 11/16/2018 to ensure that the facility will be able to keep the temperature inside of the facility at or below 81 degrees Fahrenheit in the event of a loss of electrical power.

When requesting to view the Generator stored on site as listed upon review of the facility's Emergency Management Plan it was stated by the Administrator at 12:37 pm on that the Generator and the Generator fuel is not stored at the facility and that it is kept in storage. It was further stated that the facility has nothing here to show and that she can go get the Generator from the storage.

During the hours of the survey from 9:00 am until 2:00 pm, no attempt was made by the Administrator to go get the Generator or the Generator fuel from the storage prior to the Surveyor's departure from the facility.

Upon request to review the facility's Environmental Control Plan (EECP) to ensure approval from the local Emergency Management Division, no documentation by the facility was able to be located.

During an interview with the Administrator at 2:06 PM on , the opportunity was given to locate the documentation, and no documentation was provided. The findings were discussed and acknowledged with the Administrator, no further information was provided for review during this time.

Class III