STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968755	12/17/2018
NAME OF PROVIDER OR SUPPLIER **DAHLIA'S HOUSE OF LOVE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3081 ELDRON BLVD NE** **PALM BAY, FL 32909**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . Dahlia's House of Love LLC, license #12619 had deficiencies found at the time of the visit.

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

Based on observations, interviews and record review the facility retained 2 of 2 sampled residents (#2 and #3) who exceeded standard assisted living facility continued residency.

Findings:

1. Resident record review for resident #2 revealed an admission date of . Health assessment 1823 dated indicated the resident need total help with bathing and . The resident was admitted to hospice on .

In an interview on at 2 PM with the administrator who said the health assessment dated was , not 2019.

2. Resident record review for resident #3 revealed an admission date of . An updated health assessment report 1823 dated indicated the resident needed total help with toileting and grooming.

In an interview on at 2 PM with the administrator who said the resident needed total care with toileting only and she thought because of the Limited Nursing License she could keep the residents.

Class III

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

Based on observations, record review and interview the facility failed to ensure the resident contracts for 2 of 2 sampled residents (#2 and #3) indicated that at least 45 days' notice of relocation or termination of residency from the facility would be given; and failed to ensure the use of physical was limited to half-bed rails for 1 of 2 sampled residents (#2).

Findings:

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Observations during the facility tour on at 9 AM noted the bed of resident #2 had full bed rails.

Resident record review for resident #2 revealed a hospice order dated that indicated half-bed rails for safety. There was no evidence to confirm the consent of the resident or the resident's representative for the use of half-bed rails.

Individual resident record review for residents #2 and #3 revealed the contracts indicated the facility would provide a 30 day notice of relocation or termination of residency from the facility, rather than 45 days as required.

In an interview on at 2 PM with the administrator who offered no comment regarding the bed rails. As for the contracts she expressed concern over a resident who may pose a danger to self and others, who would require discharge.

Class III

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

Based on observations and interview the facility failed to ensure medications were kept in a locked cabinet, locked cart, or other locked storage receptacle, room, or area at all times, out of sight of other residents and visitors.

Findings:

Observations on at 12 PM noted the administrator, a nurse, who administered medications to resident #2 brought the resident's medications in a plastic container. She placed the container on the table, where residents #2 and 3 sat to eat lunch. She place the container next to resident #3 and walked away to get a pen and then water.

In an interview on at 12:30 PM with the administrator who offered no comment.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observations and interview, the facility did not: 1. Developed and implement written policies and procedures to ensure the assisted living facility could effectively and immediately activate operate and maintain the alternate power source to include procedures to address the care of residents

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occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury. 2. Failed to notify in writing, unless permission for electronic communication was granted, each resident and the resident's legal representative within five (5) business days that: 1. the emergency power plan was submitted to the local emergency management agency for review and approval and 2. Upon final implementation of the plan by the assisted living facility.

Findings:

During review of the facility's emergency power plan on the administrator stated that she did not notified residents and or responsible parties when the emergency power plan was submitted to the local emergency management agency for review and approval or upon final implementation of the plan by the assisted living facility. She did not have policies and procedures related to the emergency power plan. She did not know that was a requirement.

There were no policies and procedures that addressed the care of residents occupying the facility during a declared state of emergency, methods to be used to mitigate the potential for heat related injury: the use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; wellness checks by staff to monitor for signs of and heat injury; and a provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy.

Class III