STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969192	**02/12/2019**
NAME OF PROVIDER OR SUPPLIER **HOME SUITE HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **9286 BIRMINGHAM DR** **PALM BEACH GARDENS, FL 33410**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on at Home Suite Home (License #13004). The facility had deficiencies identified at the time of the survey.

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

Based on record review and an interview, the facility failed to ensure the Medication Observation Record (MOR) was accurate and complete, for 1 out of 4 sampled residents (Resident #4).

The findings included:

1. On at 10:00 AM, review of Resident #4's MOR revealed a blank box for D-3 that was to be given at 9:00 AM on this date. At 11:30 AM, the Administrator acknowledged that the staff member had forgotten to mark this box when she provided the resident this pill.

2. On at 10:00 AM, review of Resident #4's MOR listed " , , " to be given at "bedtime". There was no documentation to show what prescription or over-the-counter , , and what amount was being given to the resident as documented from through . During interview with the Administrator, he acknowledged this finding and that the medication should have been listed as "Lumigan, one drop in each , at bedtime".

3. On at 10:00 AM, review of Resident #4's MOR revealed " , 30 ML to be given every day". During observation of the resident receiving the medication on at 12:00 PM, the resident received 15 ML of the liquid. The Administrator stated during interview that it was the amount that the resident's family wanted the resident to take (15 ML), and that the MOR may need to be changed from 30 ML to 15 ML.

The above findings were acknowledged by the Administrator during interview on at 1:00 PM. The facility provided no additional information for review at this time.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and an interview, the facility failed to ensure certificates with all required components were on file for training in the facility's Elopement Policies and Procedures, for 2 out of 2

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969192	**02/12/2019**
NAME OF PROVIDER OR SUPPLIER **HOME SUITE HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **9286 BIRMINGHAM DR** **PALM BEACH GARDENS, FL 33410**	

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

sampled staff (Staff A and B).

The findings included:

On at 11:00 AM, the personnel files for Staff A and B were reviewed with the Administrator and Manager. Staff A and B had signed copies of the facility's Elopement Policy and Procedure in their files. However, there were no certificates to show these staff members had been trained in this subject. There were no certificates with the trainer's signature and credentials, the date of the training, and the amount of time spent on the training documented.

These findings were discussed with the Administrator and Manager at this time. The facility provided no additional documentation for review.

Class