STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965243	**05/02/2019**
NAME OF PROVIDER OR SUPPLIER **FRIENDS AT HOME ASSISTED LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3680 CANAVERAL GROVES BLVD. COCOA, FL 32926**	

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

0000 - Initial Comments

A re-licensure survey was conducted on . Friends at Home Assisted Living, Inc. (License #9640) on had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on resident record review and interview, the facility failed to obtain a completed AHCA form 1823 Health Assessment by the healthcare provider for 1 of 3 sampled residents (#3).

Findings:

Resident #3's record review revealed an admission date of . An 1823 Health Assessment dated on file was missing and had incomplete documentation. On page 2, Section C for the last question asking if 24 hour nursing or care was left blank.

On at 3:30 PM, an interview with Staff A confirmed the finding.

Photographic evidence obtained

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, record review and interview, the facility failed to maintain written documentation of significant changes for 3 of 3 sampled residents (#3, #4 & #5).

Findings:

1. On at 10:30 AM, observation of resident #3's right side cheek revealed a -Aid. Staff A was asked why there was a -Aid on resident #3' cheek. Staff A stated the daughter took him last week to the dermatologist. Staff A further stated she and resident #3's daughter had a discussion of the resident's loss and the reason for the -Aid on resident #3's right cheek. However, there was no documentation of the conversation between the resident's daughter and staff A.

Record review revealed there was no documentation of the resident's loss or the reason for the aid on his right cheek.

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FRIENDS AT HOME ASSISTED LIVING, INC	**3680 CANAVERAL GROVES BLVD. COCOA, FL 32926**

SUMMARY STATEMENT OF DEFICIENCIES
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During an interview on at 10:35 AM, with resident #3 he stated the reason the aide was on his right cheek.

Record review revealed there was no documentation of the resident's loss or the reason for the aid on his right cheek. The resident also had a significant within six months. The resident had an admission ( ) of . The resident's current as of was . Record review revealed there was no documentation of the resident's loss or the reason for the aid on his right cheek.

On at 4 PM, a telephone interview with daughter who confirmed that she was aware of the loss and had no concerns. She further stated that he needed to lose the and that he was when he moved into the facility last year. She stated that his average . As for as the -Aid on his right cheek, the resident was seen by the dermatologist a couple of weeks ago and the resident is doing well.

2. On at 10:40 AM, observation of resident #4 had a tube connected to his with hospital tape. Resident #4 was asked about the tube. Resident #4 stated he went to the emergency room a few days ago ( ) for excessive . The hospital inserted a tube to stop the excessive . He explained that he came home on the same day and the tube will be taken out next week at his follow up visit.

Resident #4's record review revealed admission into the facility on . The admission 1823 Health Assessment dated listed diagnosis of secondary to . There was no facility documentation the medical attention that occurred on resulting in resident #4 going to the emergency room for an excessive nosebleed and discharge instructions.

3. On at 1 PM, an observation revealed extra skin hanging from resident #5's left side of and a large scab on his .

Resident #5's record review revealed admission date of . The current 1823 Health Assessment dated listed diagnoses of , short term memory loss and age related . The facility had no documentation regarding the follow up of services that was put in place, after the visit to the dermatologist on .

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

On . . . . at 3:30 PM, an interview with Staff A confirmed the findings and understood why written documentation is needed.

Class III