Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910890	A. BUILDING: _____ B. WING _____	R 03/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE AND LOVE RETIREMENT HOME, LLC	642 EAST 21ST STREET HIALEAH, FL 33013

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A Revisit Survey to a Complaint Investigation (Complaints #: 2022016538) was conducted at Care and Love Retirement Home, LLC on 03/02/2023. Deficiencies were identified at the time of the survey.	{A 000}		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the	A 054		

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A 054	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to immediately update the Medication Observation Records (MOR) each time the medication was offered when assisting two out of four sampled residents (Residents #3 and #5). Finding Included: On at 07:19 AM, Staff H (Caregiver) stated that they already passed medications to all the residents. She stated that some of the residents went to sleep after their medications. She also stated that they (Staff)started passing medications at around 06:30 AM. On at 08:28 AM, Owner confirmed that all the residents already had their medications. He stated the staff told him that they already passed medications. Review of Resident #3's medication observation record showed the 8:00 AM medication " 37.5 MG 1 tablet per day" for the date and was not signed. Also the 8:00 PM medication "Doxepin 6 mg 1 tablet per day" for the date was not signed. On at 10:18 AM, Owner stated, "I just talked to the staff who worked last night. She told me she gave the medications, but she just forgot to sign it (MOR)." Review of Resident #5's medication observation record showed the 08:00 AM medication " Sul HFA In R: 04 2 times per day" for	A 054		

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A 054	Continued From page 2 the date . . . . . and . . . . . was not signed. On at 10:31 AM, Owner stated, "They didn't have the one (. . . . .) in the morning to give to him. Oh! I understand. They should write it in the book." Class III	A 054		
A 058 SS=D	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening.	A 058		

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A 058	Continued From page 3 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility	A 058		

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A 058	Continued From page 4 failed to correct a Class III deficient practice regarding medications. The facility is required to employ the consultant services or a licensed registered nurse and licensed dietician who will, at a minimum, provide onsite quarterly consultations until an inspection by the Agency's personnel determines that such consultation services are no longer required. Findings included: Review of facility's record showed deficient practice relating assistance with self-administration of medications was identified during a complaint investigation on . On during a revisit survey to the complaint investigation, review of facility's record showed deficient practice relating medication observation record (MOR). On /3023 at 11:15 AM, Owner stated, "I understand the deficiencies. The staff just forgot to sign the medication book. That was the first time." Class III	A 058		
{A 152} SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems,	{A 152}		

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{A 152}	Continued From page 5 and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure a safe living environment with all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. Findings included:	{A 152}		

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{A 152}	Continued From page 6 Observation on . . . . . between 07:20 AM and 07:45 AM showed multiple broken tiles throughout the facility including inside the resident's apartments, the kitchen area, and hallway. On . . . . . at 08:42 AM, Owner stated, "We corrected the deficiencies. We fixed the bathroom and paint it. We fixed the tiles they told us were broken. I didn't see other ones." After suggesting the owner to tour the facility and try to make his observation to the areas where the broken tiles were observed, the owner came . . . at 08:46 AM and stated, "Give me a chance to fix them. I'll call my handyman to come And fix them right away." During the exit interview on at 11:15 AM, Owner stated, "I already called my contractor to come fix them. What happened is that last time the tiles the inspector showed me, I replaced them. You can see I replaced all the tiles in the common area." When asked what about the other tiles, Owner stated, "I didn't see them. The last inspector didn't say anything about them, but I'll get them fixed." Uncorrected Class III	{A 152}		