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 |
|---|---|---|---|
| | AL11967609 | A. BUILDING: _____ B. WING _____ | 02/23/2024 |

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| LUBRIN LOVING CARE INC | 6564 SW 20 COURT PLANTATION, FL 33317 |

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| CZ816 | 408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation<br><br>408.809 Background screening; prohibited offenses.-<br>(2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's ... to the Federal Bureau of Investigation for a national criminal history record check unless the person's ... are enrolled in the Federal Bureau of Investigation's national retained print ... notification program. If the ... of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ... electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ... to the Federal Bureau of Investigation for a national criminal history record check. The ... shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print ... notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person ... . The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or | CZ816 | | |

Agency for Health Care Administration

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| CZ816 | Continued From page 1<br><br>professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that:<br>(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;<br>(b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and<br>(c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.<br><br>435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:<br>(2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer.<br><br>59A-35.090 Background Screening.<br>(2) Processing Screening Requests, Required Documents and Fees.<br>(d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Service | CZ816 | | |

Agency for Health Care Administration

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| CZ816 | Continued From page 2<br><br>s/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense.<br>(e) An administrator or chief financial officer must be screened and qualified prior to to the position.<br>(3) Results of Screening and Notification.<br>(a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal.<br>(b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record reviews, observation and interviews, the facility failed to ensure that all staff completed the Attestation form for 1 out of 4 staff (Staff D) . | CZ816 | | |

Agency for Health Care Administration

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| CZ816 | Continued From page 3<br><br>The Findings include:<br><br>A record review conducted on . . . . . for Staff D with a date of hire of as a Resident Caregiver revealed that Staff D did not have the Attestation in her employee chart.<br><br>On at 2:00 PM, during an interview with the Administrator, she was informed her Attestation Form not being in the staff's chart, she acknowledged the findings and stated she will have the form completed.<br><br>Unclassified | CZ816 | | |

Agency for Health Care Administration

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| A 000 | Initial Comments<br><br>An unannounced Relicensure and Generator Monitoring survey was conducted on . . . . . at Lubrin Loving Care Inc. The facility had deficiencies identified related to the Relicensure at the time of the survey. | A 000 | | |
| A 078 | 59A-36.010(2) FAC Staffing Standards - Staff<br><br>(2) STAFF.<br>(a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership.<br>1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual . . . . . examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . . . . . .<br>2. If any staff member has, or is suspected of having, a communicable . . . . . , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . | A 078 | | |

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| A 078 | Continued From page 1<br>(b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter.<br>(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.<br>(d) An assisted living facility . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents.<br>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:<br>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,<br>2. Maintain time sheets for all staff.<br>(f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure staff had a written statement from a health care provider documenting evidence of a negative ( )examination on an annual basis for two (Administrator and Staff B) out of four staff sampled. | A 078 | | |

Agency for Health Care Administration

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| A 078 | Continued From page 2<br><br>The findings included:<br><br>Review of the Administrator (Staff A), employee record revealed she was hired on and she provides direct resident care. Further review of the employee record revealed the Administrator had no documentation of an annual negative ( ) examination. Last documented dated .<br><br>Review of the Facility Manager employee record revealed she was hired on and she provides direct resident care. Further review of the employee record revealed Staff B had no documentation of an annual negative ( ) examination. Last documented dated .<br><br>In an interview conducted with the Administrator at 2:00 PM, the Administrator confirmed the absence of documentation, she was provided an opportunity to provide documents on the status of examination. The Administrator stated she was aware the facility must ensure all direct care staff members possess documented evidence of an annually updated negative examination to work in their capacity.<br><br>Class III | A 078 | | |
| A 080 | 429.52( ) FS; 59A-36.011(1) FAC Training - Core & Competency Test<br><br>429.52<br>(2) Administrators and other assisted living facility staff must meet minimum training and education requirements established by the agency by rule. This training and education is intended to assist | A 080 | | |

Agency for Health Care Administration

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| A 080 | Continued From page 3<br>facilities to appropriately respond to the needs of residents, to maintain resident care and facility standards, and to meet licensure requirements.<br>(3) The agency, in conjunction with providers, shall develop core training requirements for administrators consisting of core training learning objectives, a competency test, and a minimum required score to indicate successful passage of the core competency test. The required core competency test must cover at least the following topics:<br>(a) State law and rules relating to assisted living facilities.<br>(b) Resident rights and identifying and reporting , neglect, and .<br>(c) Special needs of elderly persons, persons with mental illness, and persons with , and how to meet those needs.<br>(d) Nutrition and food service, including acceptable sanitation practices for preparing, storing, and serving food.<br>(e) Medication management, recordkeeping, and proper techniques for assisting residents with self-administered medication.<br>(f) Firesafety requirements, including fire evacuation drill procedures and other emergency procedures.<br>(g) Care of persons with 's and related .<br><br>59A-36.011<br>(1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST.<br>(a) The assisted living facility core training requirements established by the department pursuant to section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test. | A 080 | | |

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| A 080 | Continued From page 4<br><br>(b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to , , , , and managers who attended the core training program prior to , , , , , shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance with chapter 468, part II, F.S., are exempt from this requirement.<br>(c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years.<br>(d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements will be considered a new administrator or manager for the purposes of the core training requirements and must:<br>1. Retake the assisted living facility core training; and,<br>2. Retake and pass the competency test.<br>(e) The fees for the competency test shall not exceed $200.00. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken.<br><br>This Statute or Rule is not met as evidenced by: | A 080 | | |

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| A 080 | Continued From page 5<br><br>Based on interview and record review, the facility failed to ensure the Facility Manager, Staff B complete the CORE training requirement.<br><br>The findings included:<br><br>A review of the Facility Manager (staff B), personnel file revealed she was hired on . . . . . Further review of the Facility Manager file revealed there was no documentation of completion of the ALF CORE Training requirement within 3 months from the date of becoming the Facility Manager, including and passing of the competency test (minimum passing score competency test is 75%).<br><br>On at 2:00 PM, during an exit interview with the Facility Manager, she acknowledged the findings.<br><br>Class III | A 080 | | |
| A 081 | 429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service<br><br>429.52<br>(1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. | A 081 | | |

Agency for Health Care Administration

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| A 081 | Continued From page 6<br><br>(b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d).<br>(c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a).<br><br>(7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course.<br><br>59A-36.011<br>(2) STAFF PRESERVICE ORIENTATION.<br>(a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1).<br>(b) New staff must complete the preservice orientation prior to interacting with residents.<br>(c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.<br>(d) In addition to topics that may be chosen by | A 081 | | |

Agency for Health Care Administration

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| A 081 | Continued From page 7<br>the facility administrator, the preservice orientation must cover:<br>1. Resident's rights; and,<br>2. The facility's license type and services offered by the facility.<br>(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:<br>(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement.<br>(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:<br>1. Reporting adverse incidents.<br>2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.<br>(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:<br>1. Resident rights in an assisted living facility.<br>2. Recognizing and reporting resident , neglect, and , . The facility must use its | A 081 | | |

Agency for Health Care Administration

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| A 081 | Continued From page 8<br>. . . . . prevention policies and procedures when offering this training.<br>(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:<br>1. Resident behavior and needs.<br>2. Providing assistance with the activities of daily living.<br>(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.<br>(f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.<br>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.<br>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure all direct care staff had completed the required in service training within 30 days of employment, for 3 out of 4 sampled staff who provide direct care to residents (Staff B, C, and D). | A 081 | | |

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| A 081 | Continued From page 9<br><br>The Findings include:<br><br>Record review was conducted for Staff B, Facility Manager, with a hire date of . . . . . The record review revealed Staff B has no documentation of training (in-service) on reporting adverse incidents, facility emergency procedures, resident rights, reporting . . . . . , and elopement response training.<br><br>Record review was conducted for Staff C, Caregiver, with a hire date of . . . . . The record review revealed Staff C has not completed in-service training on elopement response. Further review of staff C employee file, who prepares and serves food, revealed no training for nutritional and safe food handling.<br><br>Review of Staff D employee record on . . . . . revealed she was initially hired on . . . . as a Resident Caregiver, record review revealed staff D had no evidence of preservice orientation prior to interacting with residents. Additionaly, Staff D has no evidence of training on reporting adverse incidents, facility emergency procedures, resident rights, reporting , and elopement response training. Further review of staff D employee file, who prepares and serves food, revealed no training for nutritional and safe food handling.<br><br>In an interview on . . . . . at 2:00 PM the Administrator confirmed the absence of documentation of the training for preservice orientation. No additional documentation was provided.<br><br>Class III | A 081 | | |

Agency for Health Care Administration

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|---|---|---|---|
| | AL11967609 | A. BUILDING: _____ B. WING _____ | 02/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| LUBRIN LOVING CARE INC | 6564 SW 20 COURT PLANTATION, FL 33317 |

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| A 082 | Continued From page 10 | A 082 | | |
| A 082 | 59A-36.011(4) FAC Training - / .<br><br>(4) . . . . . / . . . . . ( . / . ). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure that 1 of 4 sampled direct care staff (Staff D) had received / Training within 30 days of hire.<br><br>The Findings:<br><br>A record review for Staff D, with a date of hire of as a Caregiver revealed that Staff D has direct contact with and provides care to residents. Further record review revealed no documentation of required / . . training.<br><br>In an interview conducted with the Assistant Administrator on at 2:00 PM, she acknowledged the findings that all staff are required to have / training within 30 days of hire. No documentation was provided during the Survey.<br><br>Class III | A 082 | | |

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| A 083 | Continued From page 11 | A 083 | | |
| A 083 | 59A-36.011(5) FAC Training - First Aid and<br><br>(5) FIRST AID AND<br>( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times.<br>(a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement.<br>(b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on the employee record review and interview, the facility failed to ensure that 4 of 4 sampled (Staff A, B, C, and D) employee records reviewed had a current valid card of completion for First Aid Training.<br><br>The Findings<br><br>A record review conducted on for Administrator (Staff A), with a date of hire as the Administrator revealed Staff A provides direct care to residents. Review of the personnel file revealed an initial First Aid Training | A 083 | | |

Agency for Health Care Administration

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| A 083 | Continued From page 12<br><br>issued . . . . . with a renewal date of , no documentation of renewal for First Aid Training in file.<br><br>A record review conducted on . . . . . for Staff B, with a date of hire of as a Facility Manager revealed Staff B provides direct care to residents. Further review of the personnel file revealed she does not have First Aid Training.<br><br>A record review conducted on . . . . . for Staff C, with a date of hire of . . . as a Caregiver revealed Staff C provides direct care to residents. Further review of the personnel file revealed she does not have First Aid Training.<br><br>A record review conducted on . . . . . for Staff D, with a date of hire of as a Caregiver revealed Staff C provides direct care to residents. Further review of the personnel file revealed she does not have First Aid Training.<br><br>In an interview conducted with the Administrator and Facility Manager on at 2:00 PM, she acknowledged the findings. She stated she was not able to locate a valid, current card documenting completion of First Aid courses for Staff A, B, C, and D. No additional documentation was provided during the survey.<br><br>Class III | A 083 | | |
| A 090 | 59A-36.011(11) FAC Training - . . . . . (11) . . . . . TRAINING.<br>(a) Currently employed facility administrators, managers, direct care staff and staff involved in | A 090 | | |

Agency for Health Care Administration

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| A 090 | Continued From page 13<br><br>resident admissions must receive at least one hour of training in the facility's policies and procedures regarding [redacted].<br>(b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding [redacted] within 30 days after employment.<br>(c) Training shall consist of the information included in rule 59A-36.009, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure that the required [redacted] ( ) Training in the Facility's policies and procedures was completed as required within 30 days of hire for 2 of 4 sampled direct care staff (Staff B and D).<br><br>The Findings:<br>A record review conducted on [redacted] for Staff B, with a date of hire of [redacted] as Facility Manager and whom provides direct care to residents revealed no documentation in file of [redacted] Training in personnel file.<br><br>A record review conducted on [redacted] for Staff D, with a date of hire of [redacted] as a Caregiver revealed Staff D provides direct care to residents. Further review of the personnel file revealed she does not have [redacted] Training.<br><br>In an interview conducted with the Administrator and Facility Manager on [redacted] at 2:00 PM, she acknowledged the findings that Staff C and Staff D are required to have [redacted] Training completed as required within 30 days of hire. No documentation was provided during the Survey. | A 090 | | |

Agency for Health Care Administration

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| A 090 | Continued From page 14<br>Class III | A 090 | | |