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
	AL11970022	A. BUILDING: _____ B. WING _____	01/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LOVING CARE HOME LLC	1249 SW BYRON ST PORT SAINT LUCIE, FL 34983

(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 An unannounced Relicensure and Generator Monitoring survey were conducted at The Loving Care Home LLC on . The provider had deficiencies at the time of the visit.	A 000		
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). 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. (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. (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. This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure 1 of 3 sampled employees (Staff A), who is left alone with residents to provide direct care assistance, had completed a course in First Aid and currently holds a valid card documenting completion of such course.	A 083		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 083	Continued From page 1 The findings included: Staff A is a direct care staff member whose hire date is . Per review of the staffing schedule and the Administrator Designee's confirmation of such schedule, Staff A provides care to residents during her 24 hour shift without other care staff available. A review of Staff A's employment record found no First Aid Certification documents verifying completion of a course in First Aid. State Regulation requires there must always be a staff member certified in First Aid in the facility at all times. On at approximately 3:10 PM, the Administrator was notified of the missing First Aide training certificate for Staff A, and she was given the opportunity to locate the missing documentation. As of the submission of this report, the Administrator was not able to provide verification that Staff A was in compliance with the First Aid training requirement. Class III	A 083		