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
	AL11969871	A. BUILDING: _____ B. WING _____	08/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIQUE LOVING HOME CARE LLC	1221 SW MEDINA AVE PORT SAINT LUCIE, FL 34953

(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 was conducted on at Unique Loving Home Care LLC. The facility had deficiencies related to the Relicensure identified at the time of the survey.	A 000		
A 054	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 interview and record review, the facility failed to ensure the Medication Observation Records (MORs) were signed immediately after medication assistance was provided to the residents for 3 of 6 sampled medication audits (Resident #1, 4, and 6). The findings included: On at 9:15AM, a review of the MORs was conducted. The review revealed several medications were pre signed or not signed off by the Administrator on the MOR. a) Resident #1 revealed on that 6 medication was not signed off as administered at 8:00AM. b) Resident #4 revealed on that 1 medications for 5:00PM was pre signed as administered at 8:00AM. c) Resident #6 revealed on that 1 medication was not signed off as administered at 8:00AM; 1 medication at Bedtime; was pre-signed as administered at 8:00AM. On at approximately 3:10PM, during interview with the Administrator regarding the MORs not being signed immediately and pre-signing the MORs she revealed, a) Resident #1 AM medications were administered but doesn't know why she forgot to sign the MOR. b) Resident #4 PM medication was not administered she pre-signed the MOR by mistake. c) Resident #6 AM medication was administered	A 054		

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A 054	Continued From page 2 but doesn't know why she forgot to sign the MOR and PM medication was not administered it was pre-signed by mistake. The Administrator acknowledged the findings. Class III	A 054		

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ZZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the , , are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective , , , or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before , , , initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective , , , initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	ZZ814		

AHCA Form 3020-0001

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

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ZZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic ˘ , submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain the employment status of all employees within the Clearinghouse Background Screening for employment status within 10 business days, for 1 out 4 staff members(Staff B, and Staff C). The findings included: On ,the staffing schedule for ˘ was reviewed and compared to the Agency for Healthcare Administration (AHCA) Background Screening Clearinghouse Roster. The roster revealed that the facility did not add the following staff who's employed with the facility according to the current staffing schedule and employee listing with their hire date. 1)Staff B-Caregiver: Hire date -- Further review revealed the facility did not remove	ZZ814		

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ZZ814	Continued From page 2 the following staff from the AHCA Background Screening Clearinghouse Roster who's no longer employed with the facility according to the current staffing schedule and employee listing. 1) Staff C--Caregiver; ire date - termination date On at 3:00PM, an interview was conducted with the Administrator and revealed Staff C was no longer employed since approximately 1 month ago. No additional documents provided. Unclassified	ZZ814		