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
	AL11969086	A. BUILDING: _____ B. WING _____	02/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
S&L LOVING CARE, LLC	3150 WINDWARD LN LAKE WORTH, FL 33462

(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 at S&L Loving Care, LLC on . Deficiencies related to the Relicensure were identified at the time of survey.	A 000		
A 031	59A-36.007(6) FAC Resident Care - Third Party Services (6) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, , and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the , resident's needs. (c) The administrator or designee must ensure that: 1. Care coordination includes documented communications about the resident's condition	A 031		

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A 031	Continued From page 1 and response to treatment or services ordered by the physician which rnay impact the resident's appropriateness for continued residency in the facility; 2. Communications occur at least once every 30 days and whenever there is a significant change in the resident's condition; and 3. If physician ordered treatments or services occur less often than once a month, communications must be conducted according to the ordered treatment or service schedule and whenever there is a significant change in the resident's condition. 4. When communication with the third party provider is unsuccessful, at least two attempts at communication on two separate days must be documented. Documentation must include the name of the person from the third party provider with whom contact was attempted, the method of communication, and the date and time of the attempts. This documentation must be included in the resident's record in accordance with the timeframes in subparagraphs 59A-36.007(6)(c)2. and 3. (d) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, it was determined that, the facility failed to keep documented communication from Third	A 031		

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A 031	Continued From page 2 Party Services, that were ordered by the physician for treatment for 2 of 2 sampled residents (Resident #1, and #5). The findings include: Review of the facility's policy and procedure titled, "THIRD PARTY PROVIDER SERVICES ADDENDUM TO LIVING BY S&L LOVING CARE LLC RESIDENT AGREEMENT" dated documented as follows: Third Party providers are required to comply with the facility's policy for coordinating with the facility regarding the residents' condition and the services being provide by the 3rd party provider. In instances when residents require services from third party providers the facility administrator will take action to assist in facilitating the provision of those services and coordinate with the provider to meet the specific service goals A third-party provider about arrival must come in & in on the appropriate form and include the following name of resident being seen type of services being rendered and the duration of the visit The third-party provider will provide the facility with written progress report on each resident being seen on a weekly basis During an interview with the Assistant Administrator (Staff B) on at 11:15AM a request was made to provide a list of residents who are receiving third party services. She stated that residents #1, and 5 are receiving ( ) and ( ) from the home health agency.	A 031		

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A 031	Continued From page 3 Review of Resident #1's file revealed date of admission , health assessment (1823 form) dated further review of the health assessment revealed that under Nursing Treatment/ , , service Requirements: did not document Resident #1 was receiving and . Furthermore, it was revealed that the facility did not have documented communication from and services. Review of Resident #5 file revealed date of admission on , health assessment (1823 form) dated documented under Nursing/Treatment/ , , service requirement as and to evaluate and treat. Furthermore, it was revealed that the facility did not have documented communication from and services. During an interview with Resident #5 on at 11:30PM, he confirmed he receives weekly and . During an interview with the administrator on at 12:00PM, a request was made to provide documented communication from Third Party Services. At this time, she confirmed that the Resident#1 and 5 were receiving services from a local home health agency and she did not have any documented communication from the home health agency. Class III	A 031		
A 033	59A-36.007(8) PHYSICAL (8) PHYSICAL . Residents for whom a physician has prescribed a physical	A 033		

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A 033	Continued From page 4 must have a written care plan for the use of the physical . The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use; 2. The maximum amount of time the resident is to have the applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . (b) Facility staff must ensure that the device is applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical and all requirements of this subsection apply. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure 1 of 1 sampled resident, for whom a physician prescribed a physical (half bed rails), had a written care plan for the use of the physical (Resident #1). The findings include: Observation during the facility tour on between 8:45 AM and 3:30 PM revealed Resident #1's bed had half bed rails attached. During an interview with the Administrator on	A 033		

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A 033	Continued From page 5 at 9:00AM, the administrator confirmed that Resident #1 has a physician's order in file and is used for his safety. Record review of Resident #1's file revealed a signed physician Order dated , documented as follows; use of 2 side half bed rails. Further review of the record revealed no written documentation of the facility's care plan in place. During an interview with the administrator on at 1:30 PM, the Administrator confirmed that Resident #1 does utilize the half bed rails for safety precautions. The Administrator also confirmed that, at this time, she does not have a care plan in place for the use of the half bed rails. The regulation requirements for the use of physical were discussed with the Administrator, and the required components of the care plan for were shared with her. Class III	A 033		