AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Faith Loving Care
7969 Pinehurst Drive
Spring Hill, FL 34606

Dear Administrator:

Re: CCR #2012008977

This letter reports the findings of a state licensure survey that was conducted on 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2012** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Anna Lopez at 386-462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/al
Enclosure: State Form 3020

XG90

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Tallahassee, FL 32308
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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
	AL11967453	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAITH LOVING CARE	**7969 PINEHURST DRIVE SPRING HILL, FL 34606**

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A 000	Initial Comments	A 000		

On [redacted] an unannounced complaint survey for CCR #2012008977 was conducted at Faith Loving Care assisted living facility. Deficiencies were identified as a result of this survey. The facility was not in compliance with Chapter 408, Part II & 429, Part I, F.S. and 58A-5, F.A.C.

A 026 SS=D	58A-5.0182(2) FAC Resident Care - Social & Leisure Activities	A 026		

(2) SOCIAL AND LEISURE ACTIVITIES.
Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community.
(a) The facility shall provide an ongoing activities program. The program shall provide diversified individual and group activities in keeping with each resident ' s needs, abilities, and interests.
(b) The facility shall consult with the residents in selecting, planning, and scheduling activities. The facility shall demonstrate residents ' participation through one or more of the following methods: resident meetings, committees, a resident council, suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility.
(c) Scheduled activities shall be available at least six (6) days a week for a total of not less than twelve (12) hours per week. Watching television shall not be considered an activity for the purpose of meeting the twelve (12) hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count

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A 026	Continued From page 1	A 026		

those attendance hours towards the required twelve (12) hours per week of scheduled activities. An activities calendar shall be posted in common areas where residents normally congregate.
(d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to three (3) hours may be counted toward the required activity time.

This Statute or Rule is not met as evidenced by:
Based on interviews and observation the facility did not provide Schedule Activities at least six days a week for a minimum of twelve hours per week.

Findings:

On Thursday [redacted] at approximately 11:00 AM it was observed resident attendant was tossing a beach ball with residents in the living [redacted] approximately 30 minutes. This was the only activity observed from 9:30 AM- 4:00 PM.

On [redacted] at approximately 11:55 AM during an interview with resident #2, she said the facility really does not offer any activities. She said, "we have games but most of the residents don't join in." She said she does her own activities such as watching TV, doing origami (paper folding) or knitting.

On [redacted] at approximately 12:27 PM it was observed in the activities area the only activities calendar which was a white eraser board. Written in black marker was a routine daily schedule from 7:30 AM -8:00 PM. Listed at 10:00 AM was; games & fun-time. Written at 11:00 AM it was bingo. In the middle of the white board written in blue marker was; Ball Toss -Mon, Dance

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A 026	Continued From page 2	A 026		

Exercise-Tuesday, Ball Toss- Wed, Bingo-Thurs, and Puzzle-Fri. No activity was scheduled for Saturday and measurable time periods were posted to ensure twelve hours of activities were being offered through the week.

On [redacted] at approximately 1:20 PM an interview was conducted with resident care staff in reference to the facility activities. She stated activities are offered every day, but residents do not always participate. She said that most of the residents cannot do activities for two hours.

Class III

A 079 SS=D 58A-5.019(4) FAC Staffing Standards - Levels — A 079

(4) STAFFING STANDARDS.
(a) Minimum staffing:
1. Facilities shall maintain the following minimum staff hours per week:

Number of Residents	Staff Hours/Week
0-5	168
6-15	212
16-25	253
26-35	294
36-45	335
46-55	375
56-65	416
66-75	457
76-85	498
86-95	539

For every 20 residents over 95 add 42 staff hours per week.
2. At least one staff member who has access to facility and resident records in case of an emergency shall be within the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the

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A 079	Continued From page 3	A 079		

facility administrator, manager or other staff are absent from the facility.
3. In facilities with 17 or more residents, there shall be at least one staff member awake at all hours of the day and night.
4. At least one staff member who is trained in First Aid and as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at all times when residents are in the facility.
5. During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least , must be designated in writing to be in charge of the facility.
6. Staff whose duties are exclusively building maintenance, clerical, or food preparation shall not be counted toward meeting the minimum staffing hours requirement.
7. The administrator or manager ' s time may be counted for the purpose of meeting the required staffing hours provided the administrator is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility ' s staffing schedule.
8. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, shall have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C.
(c) The facility must maintain a written work

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schedule which reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules for direct care staff available to residents or representatives, specific to the resident ' s care.
(d) The facility shall be required to provide staff immediately when the Agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to immediately increase staff above the minimum levels established in paragraph (a) if the Agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The Agency shall consult with the facility administrator and residents regarding any determination that additional staff is required.
1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will be met. The plan shall be reviewed by the agency to determine if the plan will increase the staff to needed levels and meet resident needs.
2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency.
3. Based on the recommendations of the local fire safety authority, the Agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., until such

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time as the local fire safety authority informs the Agency that fire safety requirements are being met.
(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.
(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on interviews the facility did not have in writing a designated staff member in charge of the facility, when the administrator was not present.

Findings:

On [redacted] at approximately 9:30 AM entrance was made into the facility Faith Loving Care and an entrance conference was conducted with personal care attendant A. She was advised as to the reason for the survey and she said the administrator was out of town until [redacted]. She was asked if she was the manager which she said no. She was asked if she was the designee in charge which she said " I guess because I am the only one here ". She was asked if there was anything in writing by the Administrator stating who was in charge while the administrator was out of town which she said no.

On [redacted] at approximately 10:00 AM the facility's owner husband came to the facility. He

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A 079	Continued From page 6 stated he was the maintenance man only and did not provide resident care. He was asked if he knew who the staff member was in charge of the facility while the Administrator was gone and if it was in writing. He stated the care staff are in charge and it is not in writing. On : at approximately 4:00 PM during an interview with the owner /operator she was asked if she or the Administrator had designated a staff member in writing to be charge of the facility while she and the administrator were gone. She said no. Class III	A 079		
A 152 SS=D	58A-5.023(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.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident 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 a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes;	A 152		

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3. A dresser, chest or other furniture designed for storage of personal effects;
4. A table, 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 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 shall be free of tears, stains and not be

This Statute or Rule is not met as evidenced by:
Based on observations and interviews the facility did not provide a safe living environment, by having doors with reverse locks.

Findings:

On at approximately 9:45 AM during a tour of the facility it was observed that three resident had door locks. The key way was on the inside and the locking mechanism was on the outside of the door only one of the three was occupied by residents.

On at approximately 12:55 PM it was observed that the front door had a keyed deadbolt which was locked. The key to the deadbolt was lying on an alarm box which was hanging on a wall to the left of the door.

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On [redacted] at approximately 2:15 PM an interview was conducted with maintenance person in reference to the above concerns. He stated when the last fire inspection was done, the inspector made him reverse the doors because they opened into the [redacted]. He said the inspector told him they needed to open up to the outside of the [redacted]. He said he [redacted] the doors to comply but he did not change the locks around and that is why they are on backwards. He said that the facility does not lock residents in their [redacted] and that he would immediately change the locks.
The maintenance person said the facility keeps the front door locked and the key is laid on the alarm box because resident #3 will open the door and wonder from the facility. He said he would advise staff to kept the key in the lock and set the alarm so when the door is opened the alarm goes off instead.

On [redacted] at approximately 12:10 PM an interview was conducted with resident #3. She was asked if she is ever locked in her [redacted] said "I don ' t think so."

On [redacted] at approximately 3:35 PM an interview was conducted with resident #5. He said he has been living the facility approximately nine months. He said he has not seen anyone being locked in their [redacted]

Class III