

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922240	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER LOVING CARE ALF, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 870 7TH AVENUE NORTHEAST LARGO, FL 33770		
(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 Assisted Living Facility A biennial state licensure survey was conducted on The Loving Care ALF, Inc. had deficiencies found at the time of the visit.	A 000			
A 025	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident 's whereabouts. The resident may travel independently in the community. (d) Contacting the resident 's health care provider and other appropriate party such as the resident 's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident 's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication	A 025			

AHCA Form 3020-0001

TITLE

(X8) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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If continuation sheet 1 of 10

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A 025	Continued From page 1 administration, or other changes which resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility had not maintained an updated record for one of one sampled resident reviewed (#2) who had experienced a potentially significant event. Findings include: An interview with Resident #2 at approximately 11:15 a.m. on _____ revealed that "the resident had apparently lost some weight during their stay at the facility." Resident record review revealed that Resident #2 had been admitted _____ with an admission weight of 110; no other weight or other dietary-related documentation could be found in the file. Further review of the record found no progress or other notes related to the resident's clinical/psychosocial status. Upon request, the resident was weighed at approximately 1:20 p.m. on _____, registering 90 lbs. Thus, with a loss of 20 lbs., this represented a significant physical decline over a 3 month period with no pertinent documentation.	A 025			
A 052	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least _____, trained to assist with self-administered	A 052			

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A 052	Continued From page 2 medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container. (c) Staff shall observe the resident take the medication. Any concerns about the resident's reaction to the medication shall be reported to the resident's health care provider and documented in the resident's record. (d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule which coincides with the resident's presence in the facility; 2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident's medication record; 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with	A 052			

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A 052	Continued From page 3 this fact noted in the resident ' s medication record; or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging; (e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication. (f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition. (4) Assistance with self-administration does not include: (a) Mixing, _____, converting, or _____ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications through intermittent positive pressure breathing machines or a _____. (d) Administration of medications by way of a tube inserted in a cavity of the body. (e) Administration of _____ preparations. (f) Irrigations or debriding agents used in the treatment of a skin condition. (g) _____, _____, or _____ preparations. (h) Medications ordered by the physician or health care professional with prescriptive authority to be given " as needed, " unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident.	A 052			

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A 052	Continued From page 4 (I) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility did not properly provide assistance with self-administration of medication with respect to two of two residents observed (#3; 4). Findings include: At approximately 12:25 p.m. on _____, Staff A was observed to be placing medications in a small souffle cup for Resident #3, putting it by him at the table during the noon meal, and then turning away to attend to other duties. Further inspection revealed that the medications in the cup were the following: a) _____ 250mg, 1 cap 3x/day; _____ 10 mg; 1 cap 3x/day; and _____ 25-1000mg; 1 tab 3x/day. However, Staff A did not read these labels to the resident, nor wait to see whether he consumed the drugs. In addition, by around 12:40pm, none of the noon time doses had been initiated by Staff A for any of these pharmaceuticals. At approximately 12:45pm on _____, Staff B was seen with the MOR binder. Observation of Staff B at approximately 12:45 p.m. indicated that she simply stated "this is your medication" to Resident #4 prior to providing his/her medications. Furthermore, neither Staff A nor B utilized good _____ control techniques (using gloves, etc.). Finally, review of the MOR for both residents revealed that Staff B had officially	A 052			

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A 052	Continued From page 5 signed off for Staff A regarding Resident #3--thus alleging that she had provided medication assistance to both residents. Widespread	A 052			
A 076	58A-5.0186 FAC (. . .) (. . .) (1) POLICIES AND PROCEDURES. (a) Each assisted living facility (ALF) must have written policies and procedures, which delineate its position with respect to state laws and rules relative to . The policies and procedures shall not condition treatment or admission upon whether or not the individual has executed or waived a . The ALF must provide the following to each resident, or resident ' s representative, at the time of admission: 1. A copy of Form SCHS-4-2006, " Health Care Advance Directives - The Patient ' s Right to Decide, " 2006, or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in Chapter 765, F.S. Form SCHS-4-2006 is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308, or the agency ' s Web site at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf ; and 2. Written information concerning the ALF ' s policies regarding ; and 3. Information about how to obtain DH Form 1896, Florida Form, incorporated by reference in Rule 64J-2.018, F.A.C. (b) There must be documentation in the resident '	A 076			

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A 076	Continued From page 6 s record indicating whether or not he or she has executed a . If a has been executed, a copy of that document must be made a part of the resident 's record. If the ALF does not receive a copy of a resident 's executed , the ALF must document in the resident 's record that it has requested a copy. (2) LICENSE REVOCATION. An ALF shall be subject to revocation of its license pursuant to Section 408.815, F.S., if, as a condition of treatment or admission, it requires an individual to execute or waive a . (3) PROCEDURES. Pursuant to Section 429.255, F.S., an ALF must honor a properly executed as follows: (a) In the event a resident experiences , staff trained in (), or a licensed health care provider present in the facility, may withhold . (b) In the event a resident is receiving hospice services and experiences , facility staff must immediately contact the hospice. The hospice procedures shall take precedence over those of the assisted living facility. (4) LIABILITY. Pursuant to Section 429.255, F.S., ALF providers shall not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for following the procedures set forth in subsection (3) of this rule, which involves withholding or withdrawing pursuant to a and rules adopted by the department.	A 076			

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A 076	Continued From page 7 This Statute or Rule is not met as evidenced by: Based on interview, the facility did not have a written policy and procedure delineating its position with respect to state laws and rules relative to _____ Findings include: Interview with the caregiver in charge at approximately 11:45 a.m. on _____ revealed that the facility had not yet established any formal policies/procedures with respect to its position pertaining to state laws/rules relative to _____	A 076			
A 090	58A-5.0191(11) FAC Training - Do Not Orders (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding _____ within 60 days after the effective date of this rule. (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 _____ within 30 days after employment. (c) Training shall consist of the information included in Rule 58A-5.0186, F.A.C.	A 090			

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A 090	Continued From page 8 This Statute or Rule is not met as evidenced by: Based on record review and interview, two of two staff sampled (A; B) had not yet received training in the facility's policies/procedures regarding Findings include: A personnel file review during the survey revealed that neither Staff A nor B, hired and respectively, had received any training regarding the facility's policy/procedure. According to the senior caregiver (Staff B), no such policy had yet been developed. Widespread	A 090			
A 161	58A-5.024(2) FAC Records - Staff (2) STAFF RECORDS. (a) Personnel records for each staff member shall contain, at a minimum, a copy of the original employment application with references furnished and verification of freedom from communicable including . In addition, records shall contain the following, as applicable: 1. Documentation of compliance with all staff training required by Rule 58A-5.0191, F.A.C.; 2. Copies of all licenses or certifications for all staff providing services which require licensing or certification; 3. Documentation of compliance with level 1 background screening for all staff subject to screening requirements as required under Rule 58A-5.019, F.A.C.; 4. A copy of the job description given to each staff member pursuant to Rule 58A-5.019, F.A.C., for facilities with a licensed capacity of seventeen (17) or more residents; and 5. Documentation of facility direct care staff and	A 161			

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A 161	Continued From page 9 administrator participation in resident elopement drills pursuant to paragraph 58A-5.0182(8)(c), F.A.C. (b) The facility shall not be required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by a business entity contracting to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 58A-5.019, F.A.C. (c) The facility shall maintain the facility 's written work schedules and staff time sheets as required under Rule 58A-5.019, F.A.C., for the last 6 months. This Statute or Rule is not met as evidenced by: Based on record review and interview, one of two staff sampled (A) had no documentation of freedom from other communicable based on an examination conducted by a health care provider (physician; physician's assistant; ARNP). Findings include: Although personnel record review found a statement, further review of the file revealed no statement attesting to freedom from other communicable Interview with the designee at 1 p.m. on revealed that no other statement was available.	A 161			

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Loving Care ALF, Inc
870 7th Avenue Northeast
Largo, FL 33770

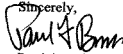
Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2012, by a representative 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 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. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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