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
	AL11922332	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING CARE RETIREMENT SERVICE	380 NW SOUTH RIVER DRIVE MIAMI, FL 33128

(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	A 000		
	An complaint survey, CCR # 2012013032 was conducted on , 2013 Loving Care Retirement Services had the following deficiencies at time of survey.			
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other	A 152		
	(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; 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			

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A 152	Continued From page 1	A 152		

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 interview, observation and tour of facility, it was revealed facility failed to ensure its residents live in a safe, descent living environment with appropriate furnishings and physical plant structures free of hazards and in good repair.

The findings include:

During interviews, observation and tour of facility on at approximately 9:31 am, it was revealed facility failed to ensure its residents lived in a safe, descent environment free of hazards. Facility failed to ensure physical plant of the facility and furnishings in the facility were clean and maintained in good repair. Facility were observed with worn and torn linens and mattresses. Tiles throughout facility and were damaged, broken or missing. Vents throughout facility were observed with dirt debris. Porch chairs were ripped and dirty. were observed with cracked and damaged tiles. Furnishings in the were observed old, damaged, missing knobs, and in need of repair or replacement. plaster observed damaged. were observed with accumulation of dirt and soap scum. was damaged. End table was missing glass top in upstairs common use

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A 152	Continued From page 2	A 152		

area. Outside building structure had accumulation of dirt, rust, and accumulation of a black substance throughout exterior walls. Paint was chipping and peeling throughout outside exterior walls. Facility's iron gates at entrance were observed with peeling paint and were rusted. Photos were obtained for file.

Physical plant conditions observed included:
a. observed with damaged tiles.
b. observed with damaged tiles.
c. Upstairs hallway observed with damaged, broken tiles and dirty vents.
d. observed with damaged tiles.
e. observed with damaged tiles.
f. observed with old worn mattress and bed linens.
g. observed dirty vent.
h. observed with broken furniture; dressers missing knobs and damaged.
i. an 4 had dirty vents and damaged tile.
j. Kitchen exit door steps observed with missing,cracked and broken tiles.
k. Kitchen vent observed with dirt debris, refrigerator gaskets observed with dirt in crevices.
l. downstairs rear exit door observed with dirty shower and soap scum on shower tiles. Sink edge connecting to wall not secure.
m. observed with rusted cabinet.
n. front entrance iron gates observed rusted.
o. observed with old worn linens.
p. observed with worn mattress and linens.
q. observed with rusted bed frames, worn mattresses and linens.

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A 152	Continued From page 3 In an interview on [redacted] at 9:31 am, administrator acknowledged facility flooring needed repairs and furnishings were old and not in good repair. She stated she would inform owner and began logging needed maintenance repairs and furnishings that needed replacement. She stated the interior walls of the facility were recently done and the owner was in the process of having the exterior walls of the facility refurbished and painted. Class III	A 152		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

....., 2013

Administrator
Loving Care Retirement Service
380 Nw South River Drive
Miami, FL 33128

Re: CCR #2012013032

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on , 2013 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 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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