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
	AL11967609	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUBRIN LOVING CARE INC	6564 SW 20 COURT PLANTATION, FL 33317

(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 Assisted Living Facility complaint inspection (CCR #2012011185) was conducted on [redacted]. The Lubrin Loving Care Inc., had licensure deficiencies found at the time of the visit.	A 000		
A 056 SS=G	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident ' s name; and 2. Identification of each medicinal drug product in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no person other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are " as needed " or " as directed, " the health care provider shall be contacted and requested to provide revised instructions. For an " as needed " prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified; for example, " as needed for pain, not to exceed 4 tablets per day. " The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, shall be noted in the	A 056		

Agency for Health Care Administration

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A 056	Continued From page 1	A 056		

medication record, or a revised label shall be obtained from the pharmacist.
(d) Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident ' s health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident ' s medication observation record. The facility may then place an " alert " label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident ' s medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable.
(f) The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S., and Rule 64F-12.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer ' s packaging, which shall also include the practitioner ' s name, the resident ' s name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer ' s labeled package, they shall be kept in a container that bears a label containing the following:
1. Practitioner ' s name;

Agency for Health Care Administration

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A 056	Continued From page 2 2. Resident ' s name; 3. Date dispensed; 4. Name and strength of the drug; 5. Directions for use; and 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident ' s health care provider shall provide the resident with a written prescription, or a fax copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to notify the physician of discrepancies noted between the pharmacy orders and the medications prescribed and administered, for 1 out of 3 sampled residents (Resident #1). The findings include: Resident #1 was admitted to the facility on [redacted] from the hospital. The resident ' s medical history includes [redacted] accidents x 2, [redacted] and [redacted] The resident was assessed on admission to require assistance with all ADL care and medication administration due to her [redacted] and forgetfulness and the resident is legally [redacted] from [redacted] The resident is documented on the Admission Health Assessment 1823 form to be on the following prescription medications,	A 056		

Agency for Health Care Administration

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A 056	Continued From page 3	A 056		

and
as needed for pain. The resident was seen by her primary physician on and diagnosed with a were ordered.

Record review revealed the resident was readmitted to the facility on On at 10:30 AM, the Nurses Notes document the resident was and her body was observed to be The resident is transported to the hospital for evaluation. Record review of the Emergency History and Physical reveals the resident is but arousable, and having no chest pain or The test is abnormal, showing with changes noted from previous 3's. The note indicated that the resident has had an and the resident is admitted for treatment. Review of the History and Physical form revealed the resident was not listed as being prescribed upon admission, this information was provided by the family.

Record review of the 2012 Medication Observation Record (MORs) revealed the following medications prescribed by the physician. 325 mg by mouth every four hours as needed, no more than 9 tablets per day; 0.083% 1/2 vial every 8 hours as needed by and 0.1 mg by mouth every 6 hours as needed, take if

Agency for Health Care Administration

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A 056	Continued From page 4	A 056		

is greater than 160. Record review documents the resident did not receive these medications. There was
no documentation of the monitoring of the residents , and no documentation of the
residents status. Review of the medical record revealed the physician was not notified that
the medications were not administered and the resident was not being monitored for symptoms.

Record review of the 2012 MOR revealed the resident was prescribed 75 mg by mouth
daily but she did not receive the medication from 1 thru , 2012. Also the
, were not administered and no physician orders were written to discontinue
these medications.

On at approximately 11:30 AM during an interview with the Owner and her daughter, they stated that Resident #1's daughter would call the facility repeatedly, giving instructions about care and medications for the resident. The surveyor inquired why the resident did not receive the prescribed 75 mg by mouth daily from thru . The Owner stated that the resident's family did not want to fill the prescription, that it was to expensive. The Owner provided a small notebook with writing inside," 50 mg , 0.25 mg, , call MD discontinue". The Owner stated that the resident's daughter requested that the medications be discontinued. The Owner stated she had attempted to call the physicians office numerous times, to obtain

Agency for Health Care Administration

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A 056	Continued From page 5 clarification of the orders, but did not have any success. The Owner agreed that all medications prescribed and not administered should be discussed with the physician and have a written discontinue order. On at approximately 11:45 AM the Owner called the pharmacy, which dispenses the facility medications. An interview was conducted with the Pharmacist on duty, he reviewed the residents pharmacy records, and confirmed that the along with other medications, had not been refilled per the family request. He also confirmed that no physician orders had been received to discontinue medications listed on the MOR. Class II	A 056		
A 078 SS=D	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable including Freedom from must be documented on an annual basis. A person with a positive test must submit a health care provider ' s statement that the person does not constitute a risk of communicating Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable , he/she shall be removed from duties	A 078		

Agency for Health Care Administration

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A 078	Continued From page 6	A 078		

until the administrator determines that such condition no longer exists.
(b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter.
(c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C.
(d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents.
(e) For facilities with a licensed capacity of 17 or more residents, the facility shall:
1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and
2. Maintain time sheets for all staff.

This Statute or Rule is not met as evidenced by:
Based on interview and record review, the facility failed to maintain required documentation of employee annual verification of freedom from communicable , for 1 out of 3 sampled employees (Employee #3).

The findings include:

Agency for Health Care Administration

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A 078	Continued From page 7 Record review of Employee #3's personnel file, revealed no documentation of required annual health exam and screening. The last exam was completed on . During an interview with the Owner on : at approximately 12:00 PM , she reviewed Employee #3's personnel file and could not provide documentation of completion of a required annual health screening. Class III	A 078		
A 080 SS=D	58A-5.0191(1) FAC Training - Core & Competency Test Staff Training Requirements and Competency Test. (1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST. (a) The assisted living facility core training requirements established by the department pursuant to Section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test. (b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to 1997, and managers who attended the core training program prior to 1998, shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance with Part II of Chapter 468, F.S., are exempt from this	A 080		

Agency for Health Care Administration

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A 080	Continued From page 8 requirement. (c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years as provided under Section 429.52, F.S. (d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements will be considered a new administrator or manager for the purposes of the core training requirements and must: 1. Retake the assisted living facility core training; and 2. Retake and pass the competency test. (e) The fees for the competency test shall not exceed $200. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain core training requirements for the Administrator as evidenced by the failure to provide documentation the Administrator had completed the required 12 hours continuing education training every 2 years. The findings include: On _____ at approximately 11:00 AM during employee record review, the surveyor was unable to locate the required documentation of the 12	A 080		

Agency for Health Care Administration

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A 080	Continued From page 9 hours of continuing education training every 2 years for the Administrator. During an interview with the Owner, the surveyor requested documentation of the core training date and continuing education training within the last two years. The Owner provided documentation indicating the Administrator completed her core training on . . . . . During an interview with the Owner and her daughter on . . . . . at 11:10 AM, they reviewed the Administrator's file but were unable to locate documentation of required continuing education. It was revealed no further documentation was available for review. Class III	A 080		
A 083 SS=D	58A-5.0191(4) FAC Training - First Aid and . . . . (4) FIRST AID AND . . . . . A staff member who has completed courses in First Aid and . . . and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation of attendance at First Aid or . . . . course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American . . . . . Association, or National Safety Council; or a provider approved by the Department of Health, shall satisfy this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under Part III of Chapter 401, F.S., shall be considered as having met the training requirements for both First Aid and . . .	A 083		

Agency for Health Care Administration

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A 083	Continued From page 10 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure attest on person is in the facility at all times that has current certification in an approved CPR First Aid course, for 1 out of 3 sampled employees (Employee #3). The findings include: Upon review of Employee #3's personnel record, it was revealed the file lacked current certification in CPR / First Aid, as required. Review of the facility staffing schedule revealed this employee is on duty from 8 AM to 5 PM daily and remains in the facility alone with the residents. During an interview with the Owner, she revealed no further documentation was available for review. Class III	A 083		
A 084 SS=D	58A-5.0191(5) FAC Training - Assis Self-Admin Meds & Med Mgmt (5) ASSISTANCE WITH SELF-ADMINISTERED MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with self-administered medications as described in Rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to Section 429.52(5), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the	A 084		

Agency for Health Care Administration

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A 084	Continued From page 11	A 084		

resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques and provide opportunities for hands-on learning through practice exercises.
(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates an ability to:
1. Read and understand a prescription label;
2. Provide assistance with self-administration in accordance with Section 429.256, F.S., and Rule 58A-5.0185, F.A.C., including:
a. Assist with oral dosage forms, l dosage forms, and : and nasal dosage forms;
b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;
c. Recognize the need to obtain clarification of an " as needed " prescription order;
d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident ' s health care provider or facility employer of inability to assist in the administration of such orders;
e. Complete a medication observation record;
f. Retrieve and store medication; and
g. Recognize the general signs of adverse reactions to medications and report such reactions.
(c) Unlicensed persons, as defined in Section

Agency for Health Care Administration

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A 084	Continued From page 12 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 4 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training shall only be provided by a licensed registered nurse, or a licensed pharmacist. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the designated staff members who provide assistance with medications, obtain a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF, annually for 2 out of 3 sampled employees (Employee #2 and #3). The findings include: On 12/26 approximately 11:00 AM, the Owner reported that Employee #2 and #3 provide assistance to the residents with self-administered medications. During review of Employee #2 and 3's personnel records, it was noted the files lacked documentation indicating the employees had completed a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF on an annual basis, as required. Upon request of aforementioned training for	A 084		

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A 084	Continued From page 13 noted employees from the Owner, she revealed no further documentation was available for review. Class III	A 084		
A 090 SS=D	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. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to ensure all staff had received 1 hour of training in the facility's policies and procedures regarding the facility's policy concerning ..... and Advance Directives , for 1 out of 3 sampled employees (Employee #3). The findings include:	A 090		

Agency for Health Care Administration

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LUBRIN LOVING CARE INC	6564 SW 20 COURT PLANTATION, FL 33317

(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 090	Continued From page 14 Review of personnel files revealed Employee #3's file lacked documentation indicating the employee had received at least 1 hour in-service training regarding the facility's [redacted] policy and procedures and Advance Directives. An interview with the Owner at 12 PM on [redacted] revealed the employee had not received training regarding the facility's policy and procedures regarding It was also revealed the employee had been employed more than 30 days. Class III	A 090		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

... ... 15, 2013

Administrator
Lubrin Loving Care Inc.
6564 SW 20 Court
Plantation, FL 33317

RE: CCR #2012011185

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on . 2012 by a representative from 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 . **2013** 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/ls
Enclosure

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