STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968139	09/12/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cr Loving Care 2	74 Prince Michael Ln Palm Coast, FL 32164	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0086 - 58a-5.0191(9) Fac - Training - Adrd S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - . S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments
A biennial licensure survey was conducted at CR Loving Care 2 on 2013. Deficiencies were identified.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on resident record reviews and interview with staff, the facility failed to obtain complete information on the Resident Health Assessments (AHCA form 1823) for 1 of 3 sampled residents whose records were reviewed (Resident #4). In addition, the facility failed to obtain an updated health assessment when this resident had a change in her medical condition.

The findings include:

A record review conducted for Resident #4 found she was admitted on . The Resident Health Assessment dated indicated Resident #4 had a diagnosis of and was independent with all activities of daily living. There was no documentation of the type of diet the resident required, or what level of assistance she required to take her medications. Both fields were left blank by the examiner. In addition, the final page of the assessment, which was required to be completed by the Administrator, was left blank, and did not specify services to be offered to this resident by the facility. Further record review revealed Resident #4 was on hospice since of this year (2013). There was no updated health assessment completed after hospice services commenced for Resident #4.

An interview was conducted with the facility owner at 10:00 am on . She stated Resident #4 had gone to the hospital last year, and when she returned to the facility, the physician placed her on hospice. She confirmed the physician did not update the Resident Health Assessment at that time, and stated she was not aware of the requirement that a new assessment be completed. In a subsequent interview with the owner at 11:30 am, she acknowledged the omissions on Resident #4's health assessment. She stated she would need to have the Nurse Practitioner complete a new assessment.

Class III

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0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on record review and staff interview, the facility failed to ensure that two (#2 and #3) out of four sampled residents had a physician's order for medication documented as given on the Medication Observation Record (MOR).

The findings include:

A medical record review of Resident #2 was conducted during the survey of the facility on . . . . . The review revealed that the medication was documented on the MOR and the medication had been given to the resident according to the instructions on the label. Review of the AHCA form 1823 revealed there was no physician's order for . 500 mg tablet, take 1 tablet by mouth twice daily as needed for pain. Review of the medical record revealed no prescription for the medication in the record.

A medication review conducted for Resident #3 found a bottle of . . . . . (generic for Singulair, used for . 10 mg tablets. The pharmacy-printed label instructed to take one 10 mg tablet daily. During an interview with the owner at 9:30 am on . she confirmed Resident #3 currently received this medication per instructions on the label. Further record review for Resident #3 found there was no written physician's order for the prescription medication.

An interview with the Owner/Operator of the facility on . . . at approximately 11:50 am revealed she was unaware that there was no physician's order for the medication in the residents' medical record. After review of the medical records, she confirmed the absence of the orders.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and staff interview, the facility failed to ensure that 2 out of 3 sampled employees (Employees #1 and #3) had submitted a statement from a health care provider based on examination conducted within the last 6 months that documented that the employee had no signs or symptoms of a communicable . including . . . . . .

The findings include:

A record review of employee personnel files revealed that there was no documented evidence of Employee #1 ' s and #3 ' s statement of communicable . . . . . status, or of an annual . test.

An interview with the Owner/Operator of the facility was conducted on . . . . . at approximately 11:50 am in which she indicated she was unaware that the documentation was missing from the employee ' s files. She proceeded to look through the file and then agreed that the communicable . statement was not in the file, and the . test was not done. She indicated she did not understand the statutory requirements until they were explained to her.

An interview with the Administrator (Employee #3) on . . . . . at approximately 11:50 am revealed she had had

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a chest x-ray done in 2009 and the documentation for that was in her personnel file. She stated she understood that it was good for five years. She acknowledged the regulatory requirement for annual documentation of freedom from

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and staff interview, the facility failed to provide or arrange for in-service trainings for 2 out of 3 sampled employees (Employees #1 and #2).

The findings include:

A review of employee personnel files found employee #1 was hired on as a caregiver. Further record review found no documented evidence of in-service trainings in the areas of elopement response training; emergency preparedness & evacuation training; Incident reporting training; resident rights training; or recognizing/reporting neglect & training. In addition, there was no documentation for employee #1 in the areas of ADL and behavioral needs and control.

Employee file review conducted for Employee #2 found she was the owner of the facility, and provided care and services to the residents. She was not core trained as an Assisted Living Facility Administrator. There was no documented evidence of in-service trainings in the areas of elopement response training; emergency preparedness & evacuation training; incident reporting training; resident rights training; or recognizing/reporting neglect & training.

An interview with the Owner/Operator of the facility (Employee #2) was conducted on at approximately 11:45 am in which she indicated that the trainings were done. She proceeded to look through the files and then agreed that there was missing documentation of the trainings for both herself and Employee #1.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on record review and staff interview, the facility failed to provide or arrange for in-service training on First Aid and for 1 out of 3 sampled employees (Employee #1).

The findings include:

An interview with the owner/operator was conducted at 8:10 am on . She stated there were currently only three employees working in the facility, including herself. All provided care and services to the residents.

A record review of employee personnel files revealed that Employee #1 was hired on as a caregiver. There was no documented evidence of employee in-service training for Employee #1 in the areas of First Aid and

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An interview with the Owner/Operator of the facility was conducted on at approximately 12:10 pm in which she indicated that the trainings were done. She proceeded to look through the files and stated that the employee had a current card. It was then shown to her that the employee ' s card was expired and there was no evidence of documented training in the area of First Aid. She confirmed the missing trainings for Employee #1.

Class III

0086-Training - ADRD 58A-5.0191(9) FAC
Based on record review and staff interview, the facility failed to provide or arrange for in-service training on and Related (ADRD) for 2 out of 3 sampled employees (Employee #1 and #2).

The findings include:

A record review of employee personnel found Employee #1 was hired on as a caregiver. Employee #2 was the owner/operator, and also provided direct care and services to the residents, as evidenced on the day of survey. There was no documented evidence of the required in-service training in the area of and Related (ADRD) for either of the two employees.

An interview with the Owner/Operator of the facility was conducted on at approximately 12: 05 pm, in which she indicated that the trainings were done. She proceeded to look through the files and stated that she had completed 2.0 hours of training in the subject area of communication with residents with and 2.0 hours of training in the subject area of behavioral management of residents with She was not aware that facilities that advertise provision of care to resident ' s with required 4 contact hours of Level I Training within 3 months of employment. She also did not realize that an additional 4.0 hours of Level II training was required within 9 months of employment for all employees.
She confirmed the missing trainings for Employees #1 and for herself, and acknowledged they were required for employment.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and staff interview, the facility failed to provide or arrange for in-service training on for 2 out of 3 sampled employees (Employee #1 and #2).

The findings include:

A record review of employee personnel files was performed on during survey of the facility. The review revealed that there was no documented evidence of employee in-service training for 2 of the 3 sampled employees (Employees #1 and #2) in the area of

An interview with the Owner/Operator of the facility was conducted on at approximately 11: 55 am in

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which she indicated that the trainings were done. She proceeded to look through the files and stated that the residents had ?O's in their medical records. It was then explained to her that documented evidence of training of staff was required. She then agreed that the training was not done and would be. She indicated she did not understand the statutory requirements until they were explained to her.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation of the facility and interview with the owner, the facility failed to ensure a safe living environment free of hazards, by preventing residents from safely exiting the facility without staff assistance during an emergency.

The findings include:

Observation of the front and rear doors of the facility revealed a key-operated deadbolt on each. There was no key in either of the door locks. At 10:45 am, this writer attempted to exit the facility using the front door, but was unable to do so, as the door was locked, and no key available. The owner approached, retrieved a key to the front door from her pocket, and unlocked the deadbolt.

An interview was conducted with the facility owner at 10:45 am on She stated she kept the door locked so residents could not wander outside without her knowledge. She said she kept the key her pocket. She did not realize it was a safety hazard to deny the residents independent egress in the event of an emergency.

Class III

0160-Records - Facility 58A-5.024(1) FAC
Based on a review of facility records, and interview with the owner, the facility failed to maintain an up-to-date admission and discharge log which included all required information for 3 of 4 sampled residents (Residents #2, #3 and #4), and for one discharged resident.

The findings include:

A review of the admission and discharge log reflected 5 individuals residing in the facility at the time of survey. Resident #1 had an admission date of Resident #2 had an admission date of Resident #3's admission date was and Resident #4's admission date was

An interview was conducted with the facility owner at 8:10 am on She stated there were currently 4 residents in the facility at the time of survey. She acknowledged the log incorrectly reflected 5 residents, and stated she must have forgotten to update the log to capture one discharged resident. She stated that she had closed another facility approximately two years ago (2010), and consolidated residents from both homes into the current location. During a subsequent telephone interview with the owner on at 10:00 am, she stated that Residents #2, #3, and #4 had been relocated to the current facility two years ago. She acknowledged the admission and discharge log had not been updated at that time to accurately reflect the relocation dates for those three residents.

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0162-Records - Resident 58A-5.024(3) FAC
Based on a review of resident records and interviews with staff, the facility failed to maintain the required semi-annual weight record for 3 of 3 sampled residents (Residents #2, #3 and #4).

The findings include:

A record review conducted for Resident #2 found she was admitted to the facility on . The resident weight record located in her file reflected an admission weight of 164 pounds in of 2010. There were no additional weights located in the resident's record.

A record review conducted for Resident #3 found she was admitted to the facility on . The resident weight record reflected weights were documented most recently on , 2013. There were no semi-annual weights documented in the resident record for 2011 or 2012.

A record review conducted for Resident #4 found she was admitted on . The resident weight record revealed her weight was documented three times; on admission, on , and on . There were no additional weights located for 2011 or 2012. Further record review found Resident #4 had been placed on hospice services in 2013. Weights were recorded on a regular basis by the hospice nurse for 2013.

An interview was conducted with the owner at 11:30 am on . She acknowledged the missing weights in Resident #2, #3 and #4's records. She did not have an explanation as to why residents' weights had not been recorded semi-annually, as required.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
CR Loving Care 2
74 Prince Michael Lane
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 2013 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) 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 surveyors. Should you have any questions please call this office at

Sincerely,

Keisha Woods

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/JD/KW/sm
Enclosure

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