STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967609	08/19/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lubrin Loving Care Inc	6564 Sw 20 Court Plantation, FL 33317	
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 - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal 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 - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - [redacted] S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
An Assisted Living Facility relicensure survey was conducted on [redacted]. Lubrin Loving Care, had licensure deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview, it was determined the facility failed to ensure that health assessments (AHCA form 1823) are complete and accurate, for 2 out of 3 sampled residents (Resident #2 & #3).

The findings include:

1. A review of the file for Resident #2 file revealed an admission date of [redacted]. A review of the file revealed a health assessment that was noted to be missing page 4 which contains the date the health assessment was completed, the signature, title and name of the medical examiner and lists the resident requires assistance with medications and the type of assistance the resident may require. The health assessment was noted to also lists that the resident requires 24 hour nursing supervision and lists that in the opinion of the medical provider the resident needs cannot be met in an assisted living facility. An interview was conducted with the facility owner on [redacted] during which she stated that she was unaware the forms were missing the required signature page and was unaware that there was not a more recent health assessment completed. She stated that no further documentation was available and confirmed the findings.

2. An interview with the Administrator at 10:00 AM on [redacted], revealed Resident #3 was admitted to the facility on [redacted].

Review of the Health Assessment revealed the health assessment form(AHCA form 1823) was missing the signature page and date as well as documentation indicating that the resident requires assistance with medications and the type of assistance the resident may need. The form was noted to list the resident's medical history and diagnosis as "see attached" however no documents were found attached to the resident's health assessment form. An interview was conducted with the Administrator on [redacted] at 4:04 PM, she confirmed the findings and acknowledge that there is no further documentation available.

Class III

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0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on observations, record review and interview, it was determined that the facility failed to ensure a Health Assessment form was completed on every resident upon significant change and that it is reflective of the resident's current health status and care needs, for 1 out of 3 sampled residents (Resident #3).

The findings include:

1. Review of Resident's #3's file, revealed a health assessment dated . . . . . The health assessment was noted to have the signature page 4 incomplete and missing the medical license number and title of the medical provider. The health assessment was also noted to not indicate the type of diet the resident is required to have. An interview with the facility owner on . . . . . at 4:15 PM, she confirmed the findings.

2. An interview with the Administrator at 10:30 AM on , revealed the resident has had a significant health change and has deteriorated with her Activities of Daily Living (ADL's). Resident #3 was observed being assisted by Staff #2 on . . . . . at 9:07 AM with her breakfast. The resident was observed to be cor . . . . and not oriented to place and/or people. The health assessment was noted in the resident's file and was observed to be missing page 4 with the signature page and date of the health assessment. The health assessment documented the resident as being independent with eating. A review of the resident ' s file revealed observation notes documenting a decline in the resident ' s ADL's.

An interview with the Owner on . . . . . at 9:25 AM, revealed the resident has declined and can no longer feed herself. She states she will have the doctor do a new assessment to reflect the change in condition, to include a decline in ADL's and a diagnosis of .

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, interviews and record review, the facility failed to ensure unlicensed staff members who assist residents with self-administration of medications followed required standards of practice for 1 out of 3 sampled residents (Resident #1).

The findings include:

Observation of techniques used by unlicensed staff who assist residents with self-administration of medications was conducted . . . . . at 9:10 AM. During the process, the unlicensed staff member was observed to prepare a soufflé cup at the kitchen counter with her back turned from the resident. The staff was then observed to hand a pill cup containing the medications to Resident #1 and said, "[Resident], here's your medicine." She was observed to not read the medication labels to the resident prior to assisting her with self-administration of her medications. During an interview on . . . . . at 9:25 AM, with the Administrator, she acknowledged the surveyor ' s findings.

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0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observations and interviews, it was determined that the facility failed to ensure that all medications were secured, as required.

The findings include:

During an interview with Staff #3 at 9:05 AM on , it was revealed all 5 resident ' s medications were stored in a kitchen cabinet. Observation of the identified cabinet revealed that all the medications for 5 residents were stored in the kitchen cabinet which was observed to not have a lock. The medications were observed kept in soufflé cups with only the resident's names written on the cups. An interview was conducted with the Administrator on , at 9:30 AM, she confirmed the findings.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure 2 out of 3 sampled employee records contained current documentation of freedom from by a health care provider (Employee #1 and #2).

The findings include:

1. Review of Employee #2's personnel records revealed the file lacked current documentation of freedom from by a health care provider on an annual basis, as required. Employee #2 ' s documented date of hire was . An interview was conducted with the Administrator and the owner on at approximately 1:25 PM, she confirmed the findings.

2. Review of the personnel file for Employee #1 revealed the file lacked documentation of freedom from communicable by a health care provider as required. Employee #1 documented date of hire was . An interview was conducted with the Administrator and the owner on at 1:28 PM during which the findings were confirmed.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, the facility failed to ensure 3 out of 3 sampled employee files contained documentation of completion of all required in-service training.

The findings include:

A) Interview with the facility's Owner on at 2:30 PM, revealed Employee #1's hire date as . Further interview revealed she provides direct care for the residents. Review of Employee #1's personnel record revealed the file lacked documentation of completion of the following in-services within 30 days of hire as required
1. Control training
2. Elopement Response training

B). Interview with the facility's Owner on at approximately 2:30 PM revealed Employee #2's date of

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hire was . Further interview revealed she provides direct care for the residents. Review of Employee #2's personnel record revealed the file lacked documentation of completion of the following in-services within 30 days of hire, as required:

1. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation
2. Recognizing and reporting resident neglect, and
3. Resident elopement response policies and procedures.

C). Interview with the facility's Owner on at approximately 2:30 PM, revealed Employee #3's date of hire was . Further interview revealed she provides direct care for the residents. Review of Employee #3's personnel record revealed the file lacked documentation of completion of the following in-services within 30 days of hire, as required:

1. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
2. Elopement Training and Response
3. Recognizing and reporting resident neglect, and

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review, observations and interview, it was determined the facility failed to ensure that all staff that provide assistance with self-administered medications to residents had received 4 hours of training (initial training) prior to providing this service, for 3 out of 3 sampled employees (Employee #1, #2 & #3).

The findings include:

An interview with the facility Owner at 2:05 PM on , revealed Employees #1, # 2 and #3 all provide assistance to residents with self-administered medications. During observations of the medication pass between the hours of 9:15 AM and 10:00 AM on , it was confirmed Employee #2 and #3 provide assistance to residents with their self-administered medications.

Review of Employee #1, #2 and #3's personnel file revealed the employees had not received the initial 4 hour assistance with self-administered medication training that was signed by a registered nurse or a pharmacist as required. An interview was conducted with the Administrator via telephone on at approximately 4:19 PM, the findings were confirmed.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on interview and record review, the facility failed to provide, documentation that all employees had received at least 1 hour of training in the facility's policies and procedures regarding 's, for 3 out of 3 sampled employee records (Employee #1 #2 and #3).

The findings include:

Interview with the facility's owner on at approximately 2:39 PM, revealed Employee #1, #2 and #3

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have all been employed with the facility for more than 30 days. Review of the personnel records for Employee #1, #2 and #3 revealed the files lacked documentation indicating the employees had received at least 1 hour of training in the facility's policies and procedures regarding , as required.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on interview and record review, the facility failed to ensure 1 out of 3 sampled employee files contained the required documentation (Employee #1).

The findings include:

Interview with the facility ' s Owner on at approximately 2:30 PM, revealed Employee #1's date of hire was Review of Employee #1's personnel record revealed the file lacked documentation of an employment application with references, as required.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

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

Dear Administrator:

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

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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