STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932431	09/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Loving Care Living Facility	76 Bruen Street Saint , FL 32095	

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 - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures 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 - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards 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= C
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0181 - 58a-5.026(2) Fac - Emergency Mgmt - Plan Approval S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments
A biennial licensure survey was conducted on , 2013.
Loving Care Living Facility had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on observation, resident record review, and interview with the Administrator, the facility failed to obtain an accurate Resident Health Assessment (AHCA form 1823) for 2 of 2 sampled residents whose records were reviewed (Residents #2 and #5).

The findings include:

1. On at 11:50 am, Employee #3 was observed coming out of Resident #2's an empty straw cup and container of yogurt. She stated the resident had eaten well.

Record review for Resident #2 found she was admitted to the facility on The Resident Health Assessment completed on this same day, and signed by the examining practitioner, noted multiple diagnoses, including but not limited to and Resident #2 was noted to be "NPO" (nothing by mouth), and had a tube (g-tube). Further review of Resident #2's record found the g-tube had been removed after admission to the Assisted Living Facility. At the time of survey, the resident was receiving all nutrition and hydration by mouth. The 1823 had not been updated to reflect the resident's change in status.

2. During observation of the lunch meal at 12:10 pm on Employee #3 was observed to feed Resident #5 a cut sandwich that had been cut in half. He did not appear to have difficulty with the sandwich, and was not

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observed to during the lunch meal.

A record review for Resident #5 found he was admitted to the facility on . The Resident Health Assessment dated , and signed by the examiner, noted diagnoses including and (difficulty with swallowing). He received a pureed diet, and had communicable at the time of assessment; -resistant of the . Resident #5 had special precautions for contact isolation. The practitioner noted that Resident #5 required 24 hour nursing or care (page 2). On the following section of the assessment, she stated his needs could be met in an assisted living facility which was not a medical, nursing or facility.

Further record review for Resident #5 found a physician's order dated , one day prior to the completion of the health assessment. It noted culture negative, isolation precautions removed." There was no physician's order located for a diet consistency change.

An interview was conducted with the Administrator at 12:20 pm on She acknowledged the discrepancies between the health assessments and the residents' current status, and stated the assessments would need to be redone or corrected.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation of resident and interview with staff, the facility failed to ensure residents were free from physical by utilizing full bed rails for 1 of 6 resident beds (Residents #2)

The findings include:

A tour of the facility commenced at 8:10 am on was entered and found Resident #2 lying in bed. One side of the bed was against the wall and the other was observed to have a full bed rail, which was locked in the upright position.

A record review conducted for Resident #2 found she was admitted on . The AHCA form 1823 (Resident Health Assessment) dated indicated Resident #2 had diagnoses including: and kidney . Further review of the record found the resident did not receive Hospice services. There was no written consent from the representative for the use of the full bedrails, and no physician's order for their use.

An interview was conducted with the administrator at 8:35 on . She stated Resident #2 received home health, not hospice services, and was unable to transfer on her own. The rails were used because the resident was and , and she didn ' t want her to out of bed. She confirmed that there was no consent or physician's order for the rails, and acknowledged that full rails were not permitted in an assisted living facility.

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 one (#3) out of 2 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 was conducted for Resident #3. The review of the Medication Observation Record (MOR) revealed a physician ' s order for: 1 mg tablet by mouth three times a day at 8:00 am, Noon and 8:00 pm. Review of the AHCA form 1823 revealed the physician ' s order as: 1 mg tablet by mouth at bed time. Reconciliation of the MOR, the label on the medication and the AHCA 1823 form indicated that there was no new physician ' s order for the change in dose for this medication.

An interview with the Administrator of the facility on at 11:50 am revealed she was unaware that there was no physician ' s order for a change to the medication order in the resident ' s medical record. She reviewed the medical record and agreed that the new order was not there. She stated she did not have a new order for the change of dose for the medication to show this surveyor, but she would get one.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on employee record review and staff interview the facility failed to ensure that 1 staff member (Employee #2) out of 3 sampled employees had submitted a statement from a health care provider based on examination conducted within the last 6 months that documented that the employee did not have any signs or symptoms of a communicable and 3 employees (#1, #2 and #3) had no proof of annual testing.

The findings include:

A record review of employee personnel files revealed that there was no documented evidence of Employee #2 ' s statement of communicable status. In addition, revealed that there was no documented evidence of annual test for Employees #1, #2 or #3.

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 personnel files. She proceeded to look through the file and then agreed that the communicable statement was not in the file and the testing was not done.

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 a sample of 3 employees (Employees #2 and #3).

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The findings include:

A record review of employee personnel files revealed that there was no documented evidence of employee in-service trainings for 2 (Employees #2 hired as a certified nursing assistant and #3, hired as a certified nursing assistant) of the 3 sampled employees in the areas of Emergency Preparedness & Evacuation training and Incident Reporting training. There was no evidence of employee in-service trainings for 1 (Employee #2) out of 3 sampled employees in the areas of Elopement and Response training, Resident Rights training and Recognizing/Reporting Neglect & training and Nutrition and Safe Food Handling.

An interview with the Administrator of the facility was conducted on at 11:45 am, in which she indicated that the trainings were not done.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on employee record review and staff interview, the facility failed to ensure current certification for 1 out of 3 sampled employees (#3) who worked alone with the residents.

The findings include:

A review of employee personnel files revealed that Employee #3 was hired on There was no documented evidence of certification for this employee. A review of the staffing schedule revealed Employee #3 was scheduled to work alone with the residents.

An interview with the Administrator of the facility was conducted on at 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. She then confirmed that the training was not done.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on employee record review and staff interview, the facility failed to ensure 1 out 3 sampled employees (Employee #1, the food service designee) received a minimum of 2 hours of annual training in the area of nutrition and food service.

The findings include:

A record review of employee personnel files revealed that there was no documented evidence of the required 2 hour annual training in the area of nutrition and food service in assisted living facilities for Employee #1, the food service designee.

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An interview with the Administrator was conducted on at 11:50 am, in which she confirmed she was the food service designee for the facility. She was aware of the required training, but had not received it yet.

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 (Employees #2 and #3).

The findings include:

A record review of employee personnel files revealed that there was no documented evidence of employee in-service training for Employee #2 (hired) **or Employee #**3 (hired in the area of

An interview with the Administrator was conducted on at 11: 55 am, in which she indicated that the trainings were not done.

Class III

0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on a review of personnel files and staff interview, the Administrator failed to maintain the continuing education requirements for food service for 3 of 3 sampled employees (Employees #1, #2 and #3).

The findings include:

A record review of employee personnel files revealed that there was no documented evidence of the required 2 hour annual training in the area of nutrition and food service in assisted living facilities for Employee #1, the food service designee. In addition, there was no evidence of the required one hour training in safe food handling for Employee #2 or Employee #3.

An interview with the Administrator was conducted on at 11:50 am, in which she confirmed she was the food service designee for the facility. She was aware of the required training, but had not received it yet. She confirmed the missing trainings for Employees #2 and #3.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation and interview with the Administrator, the facility failed to ensure menus were reviewed annually by a registered dietician, and failed to note or maintain a list of food substitutions, as required.

The findings include:

During a tour of the facility at 8:10 am on menus were observed posted on the kitchen door. The menus were not dated, and had no signature from a registered dietician.

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An interview was conducted with the Administrator at 11:45 am on . When asked about the misssing dates and dietician's signature on the menus, she retrieved a second set of menus from a file. The menus had a dietician's signature at the bottom, however were not dated. The Administrator stated she thought the menus were required to be reviewed and signed every two years by the dietician. She confirmed the missing dates on the menus.

The lunch meal was observed at 12:00 pm. Residents were served chefs salads with sliced hotdogs and lunch meats, carrots, fruit salad, tomato soup, coffee and a twinkie. Resident #5 received a cut sandwich in place of the salad.

Review of the lunch menu for the day of survey found it called for pork chops, yellow squash, boiled potatoes, tossed salad, peaches, amd lemonade with sugar.

An interview was conducted with the Administrator at 12:20 pm on . When asked for a list of meal substitutions, she stated she had none, as she had just 'thrown a bunch of them away'. She stated she did not usually make meal substitutions. The Administrator acknowledged that she failed to document today's lunch substitutions prior to or at the lunch meal, and the requirement for maintaining the substitutions on file for 6 months.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation of the facility and interview with the Administrator, the facility failed to maintain a safe living environment that was free of needed repairs and maintenance.

The findings include:

A tour of the facility was conducted at 8:10 am on . In over the bed at the rear of the , several areas of exposed drywall, approximately 5 inches around in diameter, were observed on the wall over the bed. It appeared as if stickers had been removed from the wall, and the wall paint removed with them. In , which was located in the hallway of the facility, a drywall repair had been made on the wall opposite the sink. A rectangular cut-out patch, approximately 10 by 12 inches, could be seen, and had not been repainted to match the wall. The wall over the toilet had areas of peeling wallpaper and exposed drywall in need of painting. The corner of the linen closet wall had crumbling and missing drywall along the edge, and the visible metal strip underneath had rusted.

An interview was conducted with Employee #2 at 8:30 am on . She stated she had worked in the facility for 5 months, and that the needed repairs were there when she was hired.

An interview was conducted with the Administrator at 12:20 pm on . She acknowledged the needed repairs throughout the facility and stated she would notify her maintenance person.

Class III

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0160-Records - Facility 58A-5.024(1) FAC
Based on a review of facility records and interview with the Administrator, the facility failed to maintain survey inspection reports in the facility for review.

The findings include:

A tour of the facility was conducted at 8:10 am on . The facility's most recent survey inspection reports were not observed at any location in the facility.

An interview was conducted with the administrator at 11:45 am on . She confirmed the documents were not available for review, stated she removed the survey reports to get ready for this year's survey.

Class III
0161-Records - Staff 58A-5.024(2) FAC
Based on employee record review and staff interview, the facility failed to conduct a Level 2 Background Screening on 1 out of 3 sampled employees (#2).

The findings include:

A record review of employee personnel files revealed Employee #2 was hired on **4/16/13 . The**re was no documented evidence of a Level 2 Background Screening in Employee #2 ' s personnel file.

An interview with the Administrator was conducted on at 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 background screening was not in the file.

An online search for the Level 2 background screening was performed on at 11:55 am. The search confirmed no background screen had ever been performed for this employee.

Unclassified

0181-Emergency Mgmt - Plan Approval 58A-5.026(2) FAC
Based on a review of facility records and interview with the Administrator, the facility failed to provide evidence of an emergency management plan which was approved by the county emergency management agency.

The findings include:

A review of facility records found no comprehensive emergency management plan, and no approval letter for the plan, was available for review at the time of survey.

An interview was conducted with the Administrator at 10:00 am on . She confimed the absence of the required emergency plan and approval letter. She stated her husband was currently updating the plan for her, and she would fax most current approval letter to the field office by the end of business on . Neither was ever received by the field office.

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Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on a review of employee files and interview with the Administrator, the facility failed to ensure Level 2 background screening was obtained for 1 of 3 sampled employees (Employee #2).

A record review of employee personnel files revealed Employee #2 was hired on **4/16/13 . There** was no documented evidence of a Level 2 Background Screening in Employee #2 ' s personnel file.

An interview with the Administrator was conducted on at 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 background screening was not in the file.

An online search for the Level 2 background screening was performed on at 11:55 am. The search confirmed no background screen had ever been performed for this employee.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Loving Care Living Facility
76 Bruen Street
Saint . FL 32095

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 surveyor. 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

KW/sm
Enclosure

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