STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967609	12/05/2013
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)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment
0010-Admissions - Continued Residency-
0055-Medication - Storage And Disposal-1
0078-Staffing Standards - Staff-12/
0081-Training - Staff
0084-Training - Assis Self-Admin Meds & Med Mgmt-12
0090-Training -
0161-Records - Staff-12/

Revisit Repeat Tags:
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac

Specific Tag Findings:

0000-Initial Comments
An unannounced revisit survey was conducted on at Lubrin Loving Care Inc. The facility had one uncorrected deficiency found at the time of the visit.

{0052}-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and interview, the facility failed to ensure unlicensed staff who assisted with self-administration of medications followed required standard of practice for retrieving and opening a properly labeled medication container prior to providing assistance with self-administration of medications for 6 of the 6 residents in the facility (#1 thru #6).

The findings include:

Observation of the storage of medication was made at the beginning of a medication pass observation at approximately 11:58 AM on . This observation with the Aide/Owner (Staff A) revealed she opened the locked medication cabinet and removed a red plastic tray: Observations of this tray revealed 6 scuffle cups with medications in each scuffle cup. The 6 scuffle cups were observed to contain: 2 scuffle cups with 5 meds; one with 7 meds; one with 2 meds; one with 3 meds; and one with 4 meds. During an interview with Staff A at 12:55 AM on , she stated the Administrator who is a nurse prepared them like this before leaving this morning. There was no name on the scuffle cups but were left open in the red tray.

Interview with the Administrator/Registered Nurse revealed she agreed the required standard of practice was not followed in that the medications were not prepared at the scheduled time by the person who is to assist with the resident with self-administration of the medications. Further interview with the Administrator at approximately 2:53 PM, revealed she did not prepare the medications for Staff A to provide to the residents in the evening; Staff

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A was told that that she could not do that. She said she told her that she could not do that (prepare meds ahead of time for the resident) but she does it anyway.

Class III

This is an uncorrected deficiency. Therefore, the facility is required to employ a Pharmacist as a consultant.

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

RE: Relicensure Survey Revisit

Dear Administrator:

This letter reports the findings of a revisit survey conducted on .....5, 2013 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the previously cited deficiencies that were found corrected and the uncorrected deficiency that was identified during the revisit.

All deficiencies shall be corrected no later than , 2013.

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 Davis
Field Office Manager

AMD
Enclosure

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