STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932590	11/18/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Our Loving Mother Elderly Care, Inc	**1635 West 65 Street Hialeah, FL 33012**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And 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 - S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Survey was conducted on , 2013. Our Loving Mother Elderly Care, Inc had deficiencies at time of survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview the facility's personnel records did not include current evidence of freedom from communicable including for 3 out of 3 (a, b, c) sampled staff.

Findings include:

On , 2013 during tour of facility sampled staff b. (hire date) was observed assisting residents with ambulating, transfer, and preparing the residents meals.

Review of employee files for staff a. (hire date), staff b. (hire date) and staff c. (hire date) revealed evidence of freedom from communicable including had expired for all sampled staff.

On , 2013 at 12:45 p.m. the administrator acknowledged the findings.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on record review and interview the facility failed to ensure staff members who have completed in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times for 3 out of 3 (a. b. and c.) sampled staff.

Findings include:

Personnel record review and interview revealed documentation for First Aid and was expired for sampled staff a. (hire date), staff b. (hire date) and staff c. (hire date).

On , 2013 at 12:45 p.m. the administrator acknowledged the findings.

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	AL11932590	11/18/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Our Loving Mother Elderly Care, Inc	**1635 West 65 Street Hialeah, FL 33012**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on personnel record review and staff interview the facility failed to ensure that all hired staff had received an annual 2 hours of continuing education training on providing assistance with self-administered medication and safe medication practices for 1 out of 3 (b.) sampled staff.

The findings include:

Personnel record review revealed documentation of an annual 2 hours of continuing education training on providing assistance with self-administered medication and safe medication practices for staff b. (hire date) expired .

On , 2013 at 12:45 p.m. the administrator acknowledged the findings.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on interview and record review facility failed to ensure 1 out of 3 (b.) sampled staff that provides direct care to residents received a minimum of 1 hour in-service training in the facility's policy and procedures regarding .

Findings include:

Facility's record review on , 2013 revealed that sampled staff b. (hire date), record did not have any documentation verifying proof of 1 hour in-service training in the facility's policy and procedures regarding 's training available at time of survey.

On , 2013 at 12:45 p.m. the administrator acknowledged the findings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Our Loving Mother Elderly Care, Inc
1635 West 65 Street
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) 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 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(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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