STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967286	01/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Loving Care Of St Petersburg	1001 9th Street North Saint Petersburg, FL 33701	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Two complaint surveys, CCR# 2013013157 and CCR# 2014000320, were conducted on , in conjunction with a revisit.

The Loving Care of St. Petersburg, assisted living facility, had deficiencies at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation and interview, the facility failed to maintain a safe and secure living environment, free of pests and with adequate staff and supervision to protect 10 of 10 sampled residents. During the survey, the facility appeared to be infested with insects, had outside doors that did not lock and residents were observed to appear under the influence of .

Findings include:

During an investigation at the facility on at 4:30 PM, the surveyor interviewed Employee A. Employee A stated that multiple residents go out of the facility and purchase "spice" tobacco and will try to smoke it in the facility. Employee A said she worries about the product's interaction with and the medications the residents take. Employee A stated that she works alone on Friday and Saturday nights and it is very difficult managing the facility's residents by herself, especially if they've been drinking or using. Employee A stated that she worries about her own safety.

On that same date at 4:50 PM, the surveyor interviewed Employee B. Employee B stated that some of the residents of the facility will try to sneak "spice" into their to use and she confiscates it when she can. Employee B also stated that many of the problems stem from the independent residents on the second and third floor of the building who will "curse" at the ALF staff and "start fights" with the ALF residents. Employee B also stated some of the ALF residents bring back to their and get intoxicated on the weekends.

On that same date at 5:00 PM, Resident #1 stated she does not feel safe in the facility and stated that multiple residents drink and use "spice" inside the facility.

On that same date at 5:45 PM, Resident #9 stated that Resident #2 drank and smoked "spice" to the point of intoxication daily and other residents.

On that same date at 6:45 PM, the surveyor observed Resident #2 walking in the hallway, yelling at other residents, yelling and cursing in the direction of staff, slurring her speech and having difficulty maintaining her

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967286	01/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Loving Care Of St Petersburg	1001 9th Street North Saint Petersburg, FL 33701	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

balance. Resident #2 had what appeared to be a bottle in her pocket.
At 7:10 PM, Employee B stated she confiscated a bottle of from Resident #2.

On that same date at 5:45 PM, Resident #6 stated that the previous week, one of the residents set off the fire alarm by smoking "spice" in their .

On that same date at 5:25 PM, Resident #3 stated he had an ongoing problem with cockroaches in his .

On that same date at 5:15 PM while the residents were eating dinner, the surveyor observed a large insect that appeared to be a palmetto bug on the floor of the dining .

The administrator was interviewed by telephone at 4:35 PM and stated that the facility staff tries to monitor who comes in and out of the facility. The administrator stated that the front and side doors were locked by 11:00 PM and were not unlocked unless a resident unlocked the door to go out.
The administrator also said the facility had a problem with cockroaches in some of the resident .

At 5:05 PM, the surveyor tried to lock the outside door in one of the common areas that went out to the side yard of the facility. The surveyor was unable to lock the door and the door continued to open.
At 5:08 PM, Resident #1 stated "that door is never locked. You can't lock it."

At 5:40 PM, the surveyor asked Employee B about the door and Employee B stated "I have no idea if that door can even lock. As far as I know, the building is always unlocked."

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on interview and record review, the facility failed to provide adequate staff to appropriately supervise and care for 10 of 10 sampled residents (Residents #1-10). The facility did not schedule enough staff to meet the needs of the residents in the facility.

Findings include:

During a complaint investigation at the facility on at 4:30 PM, the surveyor interviewed Employee A. Employee A stated that there were 59 residents at the facility. Employee A also stated that she worked alone from 11:00 PM-7:00 AM on Friday and Saturday nights and "really needed someone else" at the facility with her as she often had to call law enforcement because of issues with the residents and at times feared for her safety. Employee A also said it was very challenging to manage the residents' medications, prompt and assist the residents to bathe and try to clean the resident and common areas at the facility.

On that same date, the surveyor reviewed the census and also counted 59 residents.

On that same date, the surveyor reviewed the staff schedule for the week of - . The surveyor noted that the facility had 410 direct care staff hours scheduled, including the administrator, assistant administrator and resident care director. According to the regulations, for 56-65 residents, the facility is required to have 416 hours.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967286	**01/27/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Loving Care Of St Petersburg	**1001 9th Street North Saint Petersburg, FL 33701**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

On that same date, at 5:50 PM, the surveyor interviewed the administrator by telephone. The administrator stated that he counted the maintenance staff toward direct care hours because if they were in the residents' fixing something for the residents, he felt they were providing care to the residents.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH ... RE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Loving Care of St Petersburg
1001 9th Street North
Saint Petersburg, FL 33701

Dear Administrator:

Re: Revisit & **CCR# 2013013157** & **CCR# 2014000320**

This letter reports the findings of a state licensure survey revisit and two complaint surveys that were conducted on 27, 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the deficiency that was corrected relative to the revisit and the deficiencies that were identified relative to the complaint surveys. 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
FDR Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161