STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967286	03/31/2014
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 - 0028 - 58a-5.0182(4) Fac - Resident Care - Activities Of Daily Living S-S= D
St - A - 0121 - 58a-5.021(2) Fac - Fiscal - Accounting Procedures S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014001975, was conducted on / , in conjunction with two revisits.

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

0028-Resident Care - Activities of Daily Living 58A-5.0182(4) FAC

Based on observation, record review and interviews , the facility failed to ensure that 1 (#1) of 7 residents observed during a general tour of the facility was supervised or assisted as necessary with activities of daily living, i.e., , dressing, and bathing as evidenced by the observation of blacked socks with holes presented on the resident; unclean hands and feet; unclean wheelchair; presence of old/stale body odor.

Findings include:

A review of resident #1's clinical chart documented that he admitted to the facility on , a male with diagnosis that included: , Episodes, ; . A review of Resident #1 ' s 1823, dated , documented: Physical or sensory limitations: " Wheelchair ". A further review of the 1823, documented that Resident #1 was to receive assistance with ambulation.

During an interview conducted on / at approximately 10:30 a.m. with Staff member B, she stated that she has to provide assistance to Resident #1 in order for him to take a shower, that he uses the common shower across the hall from his that she has to be in the shower with him.

An observation was conducted on / / at approximately 9:30 a.m. of Resident #1, he stated that he had been at the facility for approximately 4 months. Resident was observed to be sitting in a wheel chair in the hall in front of his . The wheel chair was observed to have debris present; tape on the left arm and dislodged tape on the right arm. Resident #1 was observed to have a noticeable odor present, an unclean odor. Resident #1 was observed to have unclean clothes with the presence of debris on his clothes. Resident #1 had no shoes on. Resident #1 ' s socks were in extremely soiled condition; darkened area; and the left foot had holes present. Resident #1 ' s finger nails were long, approximately ¼-1/2 " beyond the nail bed. Resident #1 ' s fingernails

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were heavily soiled under the nails, blackened with dirt.

Class III

0121-Fiscal - Accounting Procedures 58A-5.021(2) FAC

Based on record review and interview, the facility failed to ensure that it maintained written business records using generally accepted accounting principles which accurately reflected the rental and income source of 1 (#1) of 7 sampled residents as evidenced by rent payment receipts not matching what the facility documented as received by the resident; and the rental contract not matching the amount collected for rent.

Findings include:

A review of Resident #1 ' s business file revealed that he signed a contract with the facility on that documented a rental of $1,146.00 per month.

A review of revealed 31 days in the month, a to pro-rate the daily rate for of 2013 was as follows: $1,146.00 divided by 31 days=a daily rate of $36.97; 8 x 36.97=$295.76, the pro-rated rent for .

A review of Resident #1 ' s payment receipts, provided by the facility Administrator, documented rental receipts of / for 1,451.60; for $1200.00; for $1200.00.

A review of a printout provided by the Administrator on / for Resident # 1 ' s rent that was documented as received revealed the following listed amounts: = $1,164.00 ; =$1,146.00; =$1,146.00; and =$1,146.00 .

An interview conducted on at 12:45 p.m. with Administrator regarding the billing for Resident #1, he stated that the resident ' s check goes to his bank account; he pays cash to us. This shows that 1146 is paid per month (referring to the printout). The Administrator was asked why the receipts did not match what the facility recorded for the rental , the Administrator stated " I know my records could be better, if you have to cite me go ahead. " The Administrator further stated that the resident ' s rent should be 1200. Administrator agreed that the invoiced and collected amounts did not match.
The Assistant Administrator stated that the rent was 1200.00; she agreed that the resident was given a receipt for 1200.00 for rent and this was his monthly . It was noted that this figure did not match the contracted amount.

Class III

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0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observations and interviews, the facility failed to ensure that it provided a safe and sanitary living environment as evidenced by unclean and unsanitary and ; 106, 119, 120; 1 (#1) of 7 sampled residents had unclean linens; 1 (across from) of 2 common had peeling paint, unclean surfaces, missing ceiling tile, unclean assistive device, unclean divider curtain; 1 of 1 steam cart s was unclean with rust; 1 of 1 unclean common dining was unclean.

Findings include:

The building is a 3 story building, originally licensed for 120 beds. Review of the current license for the building, dated with an expiration date of , standard license with Limited Mental health, total capacity 60 residents. Currently the building has 59 Assisted Living Facility residents on the first floor.

During the initial tour of the facility, conducted on / at approximately 9:30 a.m., the following were observed.

1. An observation of , a by 2 residents. Observation of an unclean , a dried soiled towel on the floor; a night stand with a missing drawer, presented an unclean surface with miscellaneous used tissues, empty medicine cup; the floor had miscellaneous trash present, soiled tissues and papers.
2. An observation of , the bed, soiled bed linens with visible brown dirt like present soiled dried towel, soiled clothing on the bed.
3. An observation of , a resident bed with a table at unclean table at bedside; a 1/3 full urinal on the table; a dried soiled, with brownish matter hand cloth.
4. An observation of Resident #1 ' s 2 pillows, both without pillow cases, one of the pillows heavily soiled and discolored staining present, the 2nd pillow had torn fabric on the encasement in the middle of the pillow which took up 1/3 of the pillow.
5. : An observation of the missing base boards in the ; (the base boards were missing throughout the an unclean, un-kept wall area.)
6. An observation of the common cabinet, the presence of a soiled towel, product staining in the lower cabinet; soiled tissues present. (Across from). An interview conducted on / at approximately 10:00 a.m. with Staff member B, a resident aid, she confirmed that residents used the common shower and .
7. An observation of the common located above the area was dislodged ceiling products hanging down with possible water damage.
8. An observation of the unclean curtain hanging in mid hallway in front of the common from ; presence of brown-reddish staining midway and sporadically on the surface.
9. An observation of the ceiling in the hallway in front of the common from , a missing ceiling tile with one tile damaged, an approximate 3 inch hole present.

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10. An observation of the common single shower (across from), revealed the presence of an shower seat assistive device that had tan-brown discoloration around the plastic edge of the seat covering the length, approximately 24 inches and the approximate 1 .5 " width; the legs of the assistive device were missing paint on one of the legs and rusted rendering the surface as un-cleanable and unsanitary.
11. An observation of a bed in , no bottom sheet was present on the bed ; black debris pieces were observed on the plastic covering the bed.
12. An observation of the to , shared by 4 male residents, 2 from and 2 from adjoining . Observation of an unclean commode, unmarked personal items, unclean floor with staining and discoloration present; 2 soiled towels present in front of the commode.
13. An observation of the common dining the first floor, used by the ALF residents revealed the presence of a heavily soiled mobile steam cart, with food product staining present on the sides, heavy rust on the innards; discoloration present thru-out the piece. Presence of 2 boxes of gloves and plastic spoons in a bowl inside the steam cart basin areas. An interview conducted on at approximately 10:15 a.m. with Staff member A, she confirmed that the steam cart was used by staff to place bins in to serve food out of during the meal services.
14. An observation conducted of the common dining 1 , 2 basin sink that had dried food product present and unclean surfaces.
15. A second picture of the common dining with unclean surface and food product left over present.
16. An observation conducted of the revealed a commode with a dried brown residue present in the commode bowel innards.
17. An observation conducted in , shared by 2 female residents, one resident had a large machine that had hosing connected to it, and the hosing was lying on the unclean floor. The floor had discoloration and dark spotting, visibly unclean with soil debris and sporadic trash present. The hose area that had the nasal insertion piece was lying directly on the unclean floor and was heavily discolored with brownish staining.
18. An observation conducted in , a resident dresser that had noticeable staining and discoloration present on the top of the dresser, on the front of the dresser and the sides; an accumulation of discolored product was present in the creases of the wood.
19. An observation of the flooring directly underneath the resident dresser in , the floor was blackish brown with matter, heavily spotted to the observer that would indicate bug fecal material.
20. An observation of the to , shared by 2 female residents, personal hygiene products with no resident label.

Class III

0167-Resident Contracts 58A-5.025(1) FAC

Based on record review and interviews, A.) the facility failed to ensure that it provided at least 30 days written notice prior to any rate increase for 1 (#1) of 7 sampled residents as evidenced by a residential contract for

$1,146.00 and the facility charging the resident $1200.00 per month without providing the resident written 30 day notice of the increase; B.) the facility failed to ensure that it documented a rental on the contract for 1(#7) of 7 sampled residents.

Findings include:

A.)A review of Resident #1 ' s business file revealed that he signed a contract with the facility on that documented a rental of $1,146.00 per month.

A review of revealed 31 days in the month, a to pro-rate the daily rate for of 2013 was as follows: $1,146.00 divided by 31 days=a daily rate of $36.97; 8 x 36.97=$295.76, the pro-rated rent for

A review of Resident #1 ' s payment receipts, provided by the facility Administrator, documented rental receipts of for 1,451.60; for $1200.00; for $1200.00.

An interview conducted on at approximately 12:45 p.m. with the Assistant Administrator stated that the rent for Resident #1 was 1200.00; she agreed that the resident was given a receipt for 1200.00 for rent and this was his monthly . It was noted that this figure did not match the contracted amount.

An interview conducted on at 12:45 p.m. with Administrator regarding the billing for Resident #1, he stated that the resident ' s check goes to his bank account; he pays cash to us. This shows that 1146 is paid per month (referring to the printout). A review of a printout provided by the Administrator on for Resident # 1 ' s rent that was documented as received revealed the following listed amounts: = $1,164.00 ; =$1,146.00; =$1,146.00; and =$1,146.00 .

The Administrator was asked why the receipts did not match what the facility recorded for the rental , the Administrator stated " I know my records could be better, if you have to cite me go ahead. " The Administrator further stated that the resident ' s rent should be 1200. Administrator agreed that the invoiced and collected amounts did not match.

B.) A review of Resident #7 ' s clinical file revealed that he admitted to the facility on . A review of Resident #7 ' s contract, dated , documented the resident received $513./ month from Veterans Administration. The area to document the total monthly rental amount was blank.

A review of documentation of payments received by the facility documented monies received for =700.00; =$1,000.00; =$1,000; =$1,000.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[illegible], 2014

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

Dear Administrator:

Re: **CCR# 2014001975**

This letter reports the findings of a complaint survey that was conducted on , 2014, 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 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
FOR Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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