STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967289	04/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ajr Loving Care Assisted Living	5900 Dean Road Oviedo, FL 32765	
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 - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident 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
Re-licensure survey with LNS was conducted on .

AJR Loving Care had deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review and interview, the facility did not ensure the use of physical was only with a written order from the resident's physician and with the consent of the resident or the resident's representative for 1 of 4 sampled residents (#2).

Findings:

Tour of the facility on at approximately 9:25 AM revealed resident #2 was in bed with half side rails up.

Resident record review for resident #2 revealed an Assisted Living Facility Health Assessment form (1823) dated that indicated diagnoses of and . The resident was unable to raise and lower the side rails due to her processes.

Record review revealed there was no physician's order for the use of the half side rails or a consent for the use of the side rails from the resident's representative.

Interview with the manager on at approximately 3 PM who stated the resident needed an order and consent for the use of the rails.

Class III

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0053-Medication - Administration 58A-5.0185(4) FAC
Based on record review and interview the facility failed to have a nurse available to administer medications to 1 of 4 sampled residents (#1).

Findings:

Resident record review revealed an Assisted Living Facility Heath Assessment Form (1823) for resident #1 dated indicated the resident needed medications administered.

Review of the staff schedule for through revealed the unlicensed staff worked and assisted with medications. Review of the Medication Observation Record for revealed the unlicensed staff assisted with medications. The licensed nurse did not administer medications to the resident.

In an interview with the manager on at approximately 3 PM who stated she was not aware the resident had an order for medication administration.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on record review and interview the facility failed to ensure, for staff who worked alone, they had completed a current First Aid course for 1 of 3 sampled staff (Staff B) that was approved by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health.

Findings:

Review of personnel files revealed Staff B, who worked alone, as a caregiver did not have current documentation of completion of a current course in First Aid by an approved provider. Her date of hire was

There was no documentation to review that indicated a First Aid course was taken.

In an interview with the manager on at approximately 3 PM who stated she was not aware the staff did not have a First Aid course.

Class III

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0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview the facility failed to have records that contained weights for 1 of 4 residents (#2), contracts for 2 of 4 sampled residents (#1 & 2), the informed consent form for medications, as described in Rule 58A-5.0181 for 1 of 4 sampled residents (#1) and the hospice interdisciplinary care plan for 1 of 4 sampled residents (#2).

Findings:

Resident record review revealed the following were not maintained in the record:

1. Resident #1 admitted on did not have a copy of the contract, or written informed consent for medications as described in Rule 58A-5.0181.

2. Resident #2 admitted on did not have a copy of the contract, resident weights, and the hospice interdisciplinary care plan.

Interview with the manager on at approximately 2 PM who stated the administrator had the resident contracts, resident #2 was not able to be weighed, she was unable to locate the informed consent for resident #1 and she did not have a copy of the hospice interdisciplinary care plan for resident #2.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on record review and interview the facility failed to ensure 1 of 4 sampled staff (B) was in compliance with the Agency for Healthcare Administration (AHCA) Level II Background Screening requirements.

Findings:

Review of personnel files revealed Staff B, a caregiver who was hired on , revealed there was no documentation to review that indicated they were in compliance with background screening requirements. Review of the online Background Screening results on dated revealed the staff was not eligible to work.

Phone interview with the Background Screening Unit on at approximately 2:30 PM who stated the staff had an open dated 2013.

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In an interview with the manager on at approximately 3 PM she stated, Staff B just started working and had been working alone on and She also stated the staff had given her a letter from their attorney that stated she was able to work.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Ajr Loving Care Assisted Living
5900 Dean Road
Oviedo, FL 32765

Dear Administrator:

Re: Biennial w/LNS

This letter reports the findings of a state licensure 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 after **2014,** 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 Lorraine Henry at .

Sincerely,

Lorraine Henry

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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