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)		

Revisit Corrected Tags:

0077-Staffing Standards - Administrators-03/31/2014
0079-Staffing Standards - Levels-03/31/2014
0081-Training - Staff In-Service-03/31/2014
0082-Training - / -03/31/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-

Revisit Repeat Tags:

0030-Resident Care - Rights & Facility Procedures-58a-5.0182(6) Fac; 429.28 Fs
0090-Training - -58a-5.0191(11) Fac

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A revisit to the complaint survey, CCR# 2013010780, of , was conducted on .

The Loving Care of St. Petersburg, assisted living facility, had uncorrected & new deficiencies at the time of the visit. This revisit was in conjunction with two other revisits.

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

Based on observations the facility failed to honor resident's rights by providing a a clean environment as well as encouraging & promoting the dignity of residents.

Findings include:

During a tour of the facility on / at about 9:30a.m. it was noted the facility was dirty, the residents were not and were wearing soiled clothes.

through out the 1st & 2nd floors were observed to be cluttered with open food containers, overloaded laundry baskets , garbage containers and clothes were strewn about on the floors. The smelled of body odor. The beds had dirty linens, the were dirty and smelled

One resident (#1) was observed in his wheelchair to be disheveled & unkempt. This resident was wearing only socks on his feet which were badly soiled (the white fabric almost black) and had holes in them-the residents toes were sticking thru the sock in places, toes nails very long. The resident had long finger nails which were black under the nail bed.
The residents clothes appeared soiled and not laundered in quite a while.

During interview (about 2pm) the resident stated he wore the same socks until they were worn out rather then changing them daily.

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During interview with management at exit interview, it was stated this resident was non-compliant with and refused assistance from staff.

Class III

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

Based on record review, the facility did not have documentation of completed training on policy for one (Staff # C) of 6 sampled direct care staff.

Findings include:

Staff records were reviewed on . Staff # C who had been hired on as a housekeeper & Med Tech did not have documented proof on file of at least a 1 hour training in within 30 days after employment.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of three state licensure survey revisits that were conducted on , 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the deficiencies that were corrected and the uncorrected deficiencies identified relative to the revisits. Section 408.811(4), Florida Statutes, requires that you correct these uncorrected 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,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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