STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967286	05/21/2014
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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - L242 - 58a-5.029(3) Fac - Lmh - Responsibilities Of Facility S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced biennial state licensure survey with limited mental health (LMH) services was conducted on / after an unannounced complaint survey, a second revisit, and a revisit.

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

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

Based on record review and interview, the facility failed to ensure that all staff have submitted, within 30 days of beginning employment, a statement from a health care provider, based on examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including . Failure to ensure that all staff are free from communicable (s) places residents, other employees, and facility visitors at risk of adverse medical consequences. The facility ' s census on is 57 residents.

Findings include:

A review of Employee records was conducted on / beginning at approximately 10:30am:

1 of 3 employee records reviewed (Staff B) did not contain evidence of testing and did not contain a health care provider ' s statement of freedom from communicable including . Staff B was hired as a Resident Aide/Medication Tech on .

Per interview with the facility Assistant Administrator on / at approximately 11:00am, there is no indication that Staff B had the required testing.

Class III

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L242-LMH - Responsibilities of Facility 58A-5.029(3) FAC

Based on record review and interview, the facility failed to meet the facility's to assist limited mental health residents in carrying out the activities identified in their Community Living Support Plan, ensure that designated staff have completed limited mental health training as required, and maintain facility, staff, and resident records in accordance with requirements.

Findings include:

Three of four employee records reviewed on beginning at approximately 1:30pm contained no evidence of the required limited mental health training (as cited-Tag AL243). Four of four resident records reviewed on beginning at approximately 1:00pm contained inconsistent documentation of service needs and service provision, as follows:

Resident Health Assessment (AHCA Form 1823) dated indicates Resident #1 is Independent in all Activities of Daily Living except needing supervised bathing & dressing (reminders) and needs assistance with self-administration of medications. Resident #1 signed a facility Resident Agreement on / /, which states that the facility shall provide ONLY assistance with self-administered medications and housing (meals, laundry, & cleaning)-no assistance with ambulation, bathing, dressing, eating, or . Resident #1 signed a facility Resident Agreement (" Exhibit 1 ") for Limited Mental Health Residents on / /; also signed by facility Manager on / /. Resident #1 ' s record includes a " Certification of Medical Necessity for Medicaid Assistive Care Services " dated , which indicates Resident #1 needs Assistance with Activities of Daily Living and Assistance with instrumental activities of daily living, in addition to health support and assistance with self-administered medications. Resident #1 signed a facility Resident Agreement (" Exhibit 1 ") for Limited Mental Health residents on / /, also signed by facility Manager on / /, that states the facility will provide a Community Living Support Plan and will assist the resident with Support Plan activities on a daily basis. During / record review, Surveyors observed no Community Living Support Plan and no indication of a Limited Mental Health Case Manager. Per interview with facility Assistant Administrator, Resident #1 " was discharged because he is doing well & doesn ' t need case management; the family is very involved. " There was no documentation of Resident #1 ' s progress or decreased need for services. Resident #1 is identified on resident list as receiving Limited Mental Health services.

Resident Health Assessment (AHCA Form 1823) dated indicates Resident #2 needs assistance with ambulation, needs supervision and assistance with bathing, and is Independent in dressing, eating, self-care/ , toileting, and transferring. Resident #2 ' s record includes two " Certification of Medical Necessity for Medicaid Assistive Care Services " forms: One is dated , signed by an Advanced Registered Nurse Practitioner and the facility ' s Assistant Administrator, and states that Resident #2 needs Assistance with instrumental activities of daily living, in addition to health support and assistance with self-administered medications. The second Certification is dated , signed by the facility ' s Assistant Administrator-signature of qualified health professional is illegible and not identified--states that Resident #2 needs Assistance with Activities of Daily Living in addition to Assistance with instrumental activities of daily living, health support and assistance with self-administered medications. Resident #2 ' s " Resident Service Plan for

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Assistive Services " (dated) indicates that the resident is Independent in all Activities of Daily Living. There was no documentation of provision of any services besides assistance with self-administered medications and housing.

Resident Health Assessment (AHCA Form 1823) dated indicates Resident #3 performs toileting independently, but needs supervision in ambulation, bathing, dressing, eating, self-care/ , and transferring. It is also noted that Resident #3 is to have a " strict diet. " The facility noted on the form: " regular diet meals provided. " Resident #3 ' s record contains a " Special Diet Waiver, " dated and signed by resident and facility Assistant Administrator on / , in which the resident takes responsibility for monitoring diet and waives the special diet requirements. Resident #3 signed a facility Residency Agreement (" Exhibit A ") on / , which states that the facility shall provide ONLY assistance with self-administered medications and housing (meals, laundry, & cleaning)-no assistance with ambulation, bathing, dressing, eating, or . Resident #3 ' s record also contains a Residency Agreement (" Exhibit I ") for Limited Mental Health Residents dated and signed by resident and facility Assistant Administrator on . / . , which states: " The facility agrees to provide the following in addition to what has been stated EXCEPT WHEN CASE MANAGED ... 1. Provide a Community Living Support Plan ... 3. Assist resident with Community Living Support Plan activities on a daily basis ... " There was no Case Manager name or signature on the form. There was no Community Living Support Plan found in Resident #3 ' s record. Resident #3 ' s record contains a " Resident Service Plan for Assistive Services " signed and dated by Resident #3 and a facility " Office Staff " person (Staff F) on , which indicates that the facility will provide assistance with ambulation & transferring and supervision of bathing, dressing, toileting, eating, and . Resident #3 ' s record contains a " Certification of Medical Necessity for Medicaid Assistive Care Services " dated / , signed by the facility ' s Assistant Administrator-signature of qualified health professional is illegible and not identified-- states that Resident #3 needs Assistance with instrumental activities of daily living, health support and assistance with self-administered medications. The Certification does not indicate that Assistance with Activities of Daily Living (defined as assistance with ambulation, transferring, bathing, dressing, eating, , and/or toileting) will be provided by the facility. Resident #3 is identified on resident list as receiving Limited Mental Health services. There was no documentation of provision of any services besides assistance with self-administered medications and housing.

Resident Health Assessment (AHCA Form 1823) dated indicates Resident #11 is Independent in all Activities of Daily Living and needs assistance with self-administration of medications. Resident #11 signed a facility Resident Agreement on , which states that the facility shall provide ONLY assistance with self-administered medications and housing (meals, laundry, & cleaning) -no assistance with ambulation, bathing, dressing, eating, or . Resident #11 signed a facility Resident Agreement (" Exhibit 1 ") for Limited Mental Health residents on ; also signed by the resident ' s case manager on and facility ' s Assistant Administrator on . Resident #11 ' s record includes a " Certification of Medical Necessity for Medicaid Assistive Care Services " signed (undated) by the facility ' s Assistant Administrator, which indicates Resident #11 needs " Assistance with instrumental activities of daily living, which is defined as individual assistance with shopping for personal items, making telephone calls, managing money, etc. " Resident #11 ' s "

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Resident Service Plan for Assistive Services " (dated) indicates that the resident needs assistance with self-administered medications, has a Representative Payee or Power of Attorney for managing money, is Independent in all Activities of Daily Living, independently shops for personal items, and independently makes telephone calls. There was no evidence of the need for, or documentation of provision of, any services besides assistance with self-administered medications and housing.

Per interview with the Administrator on / beginning at approximately 5:30pm, he does bill Medicaid for Assistive Care Services for the Limited Mental Health residents in addition to the rent they pay. When asked about documentation of services provided residents, the Administrator stated that " they do not document services provided, but do have a section in the electronic medications system where they sometimes put notes such as a resident getting a haircut. " Surveyors observed a section of the Medications Observation Record entitled " Today ' s Completed ADLs for <resident> " - 3 of 3 reviewed (Residents #11, 12, & 13) stated " No entries found. " No other section for case notes was observed.

The Administrator stated (/ at approximately 1:30pm) that he did not keep a separate log of Limited Mental Health residents because all residents used to be Limited Mental Health. The Administrator identified 2 residents on the resident list that he stated are not receiving Limited Mental Health services: Resident #2 & Resident #14. As indicated above, Resident #2 ' s record contained two " Certification of Medical Necessity for Medicaid Assistive Care Services " forms dated & .

There was no documentation of services actually provided residents, or Assistive Care Services provided to Limited Mental Health residents, other than assistance with self-administered medications and housing, meals, laundry, & cleaning. Resident / Facility records contain no documentation of assistance with support plans or treatment plans, no service notes or ongoing progress assessments.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure that the administrator and staff who have direct contact with mental health residents in the licensed limited mental health facility complete a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses and a minimum of 3 hours of continuing education every 2 years thereafter in subjects pertaining to Mental Health diagnoses and treatment.

Findings include:

Three of four employee records reviewed on beginning at approximately 10:30am contained no evidence of the required limited mental health training.

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Staff A was hired on . Staff A's employee record contained a training certificate for Limited Mental Health dated . There was no evidence of any additional Mental Health training.

Staff C was hired on . Staff C's employee record contained a training certificate for Limited Mental Health dated . There was no evidence of any additional Mental Health training.

The Administrator's employee record contained no evidence of the required specialized training or continuing education in working with individuals with mental health diagnoses.

Per interview conducted beginning at approximately 5:30pm, the Administrator stated that he was unaware of the Limited Mental Health training requirements.

Class III

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 a biennial state licensure survey with limited mental health (LMH) 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,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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