STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967279	06/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Loving Elderly Care, Inc	14898 Sw 175 Street Miami, FL 33187	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0051 - 58a-5.0185(2) Fac - Medication - Pill Organizers S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= A

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Re-licensure Survey was conducted at Loving Elderly Care, Inc. on - . At the time of the survey, deficiencies were identified.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on observation, record review, and interview the assisted living facility failed to ensure 2 out of 6 (Resident #2, Resident #3) current residents had an accurate health assessment {AHCA Form 1823}.

Findings Include:

1) Observations on - at approximately 1:00 PM found the administrator providing assistance with self-administration to resident #2 and resident #3.

2) Record review found resident #2 had a medication observation record (MOR) which demonstrated that resident #2 has been receiving assistance with self-administration of medication.

Record review of both health assessment's in resident #2's file reflected resident #2 was independent with her medications.

Record review found resident #3 had a medication observation record (MOR) which demonstrated that resident #3 has been receiving assistance with self-administration of medication.

Record review of both health assessment's in resident #3's file reflected resident #3 was independent with his medications.

3) In an interview with the administrator on at approximately 2:20 PM, she stated she knows that both resident #2 and resident #3 are independent. She stated the facility keeps their medications and give it to them when needed. She stated she has always been assisting both resident #2 and resident #3 with medications. She stated she knows that the health assessments reflect that they are independent with their medications. She stated both residents requested to receive assistance with their medications so they can be reminded. She stated she will have the health assessments updated as needed.

Class III

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0051-Medication - Pill Organizers 58A-5.0185(2) FAC

Based on observation, record review and interview the Assisted Living Facility's caregiver failed to ensure licensed staff manage a pill organizer for one out of four sampled residents (#1).

Findings include:

1. Observation during tour of facility on at 8:49 a.m. medication cabinet locked in the kitchen. There was a pill organizer inside medication cabinet for resident #1.

2. Record review for resident #1's file revealed that resident #1 on health assessment (AHCA form 1823) completed indicated that resident self-administration of and needs assistance with medication administration.

3. In an interviewed with administrator on at approximately 8:51 a.m. revealed that she was not a licensed practical nurse or registered nurse. She prepared pill organizer for resident #1. At the time of medicines she took medicines out of pill organizers, placed them on a cup, handled to resident and signed medication observation record.

In an interview with resident #1 on at approximately 10:24 a.m. she revealed that facility stored her medication and by the time she needed to take them staff brought medicines in a cup and she took them, staff prepared her medicines on a pill organizer.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, record review and interview the Assisted Living Facility's caregiver failed to ensure licensed staff manage a pill organizer for one out of four sampled residents (#1).

Findings include:

1. Observation during tour of facility on at 8:49 a.m. medication cabinet locked in the kitchen. There was a pill organizer inside medication cabinet for resident #1.

2. Record review for resident #1's file revealed that resident #1 on health assessment (AHCA form 1823) completed indicated that resident self-administration of and needs assistance with medication administration.

3. In an interviewed with administrator on at approximately 8:51 a.m. revealed that she was not a licensed practical nurse or registered nurse. She prepared pill organizer for resident #1. At the time of medicines she took medicines out of pill organizers, placed them on a cup, handled to resident and signed medication observation record.

In an interview with resident #1 on at approximately 10:24 a.m. she revealed that facility stored her medication and by the time she needed to take them staff brought medicines in a cup and she took them, staff

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prepared her medicines on a pill organizer.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on observation, record review, and interview the assisted living facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period.

Findings Include:

1) Observations on - at approximately 8:28 AM found staff A was the only employee at the facility at the time of entrance.

Observations on - at approximately 8:43 AM found the administrator arrived to the facility after being notified of the re-licensure survey by staff A.

2) Record review of the facility's staffing schedule for 2014 found staff B and the administrator were scheduled to be at the facility from 7 AM to 7 PM on -.

3) In an interview with staff A on - at approximately 11:11 AM, she stated that she lives at the facility. She stated she works at the facility 24-7 and staff B only comes to the facility on her day off. She stated the administrator comes just about every day, checks on everything, stays for a few hours, and then leaves.

In an interview with the administrator on - at approximately 1:10 PM, she acknowledged the findings and stated staff B had an appointment today so staff A was covering for her.

Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview the assisted living facility failed to have an admission and discharge log which identified limited mental health residents.

Findings Include:

1) Record review of the admission and discharge log revealed resident #2 was admitted to the facility on -. Record review found the admission and discharge log had all residents included and failed to notate that resident #2 was a limited mental health resident.

2) In an interview with the administrator on - at approximately 11:05 AM, she stated resident #2 is the only limited mental health resident she currently nas that resides at the facility.

In an interview with the administrator on - at approximately 1:10 PM, she acknowledged the findings and stated she did not know that was a requirement.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Loving Elderly Care, Inc
14898 Sw 175 Street
Miami, FL 33187

Dear Administrator:

This letter reports the findings of a state standard biennial survey that was conducted on 11, 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 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 Kristal Branton at 305-593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:
Enclosure
XG90

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