STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910890	11/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Care And Love Retirement Residence Llc	642 East 21st Street Hialeah, FL 33013	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on , 2014. Care and Love Retirement Home, LLC had the following deficiencies at time of the survey.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observation and interview the facility failed to encourage the residents to participate in social, recreational, educational and other activities within the facility and the community.

Findings include:

Observation on at 8:30 a.m. revealed that the facility had activities calendar posted on the board.

Further observation made on during the hours of 9:00 a.m. to 12:00 p.m. residents were observed watching television, and other residents were seating outside the facility smoking. Moreover, residents continued watching television after lunch until 4 p.m. (exit conference). Staff did not ask residents to participate in any activity.

Interview on at 10:37 a.m. with resident # 6 stated, No activities at this facility. We have smoking club here. If they offer activities I would participate.

Interview on at 11:04 a.m. resident # 5 stated that " Facility does not offer any activities " . I organized games (domino) and we played here.

Interview on at 11:19 a.m. resident # 4 stated, facility do not offer activities but I joined activities when other resident started up games.

Interview on : 3:01 p.m. revealed that the administrator stated, " We have activities calendar posted; they don't like to do anything. "

Class III

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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observations, record review, and interview the assisted living facility failed to have 3-day supply of non-perishable food and make substitution on menu.

Findings include:

During tour of conducted on at 8:10 a.m. of the emergency food cabinet contained 4 cans beans of non-perishables food.

Further observation on @ 9:45 am of the menu on the bulletin board with the following listed meal: Baked chicken (4oz), sweet potato (6oz), carrots (1/2 cup), mixed salad (1 cup), salad dressing (1 T) and fruit cocktail (1/2 cup).

Lunch observation on @ 12:00 pm revealed that the facility served the following: Baked chicken (4oz), rice ½ cup, carrots (1/2 cup), soup (1 cup) and fruit cocktail (1/2 cup). However, the menu had no substitution written on.

Record review on @ 1:00 pm, revealed that the facility did not write substitution on the menu for the last 10th months.

During a confidential interview on at 2:05 pm revealed this " food is not better for the reason that we do not have food supplies. "

Interview with administrator and owner on , at 3:11 pm confirmed that the facility do not have the 3 days supplies food; the facilities were running out of the emergency supplies food. They also stated, " We are going to order fresh meat now; I know that we do not have the non- perishable food in stack. " Owner stated, " My experiences are that the food gets expired, and I have to throw them away, and it is a waste of money. "

Further Interview with the administrator and owner on @ 3:30 pm revealed that the facility usually made substitutions to the menu. They also confirmed that they made substitutions on the menu because there were some meals that residents did not like to eat, and they did not know that they had to write the substitution on menu on board.

Class III

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

Based on record review and interview, the facility failed to provide proof of Limited Mental Health (LMH) training (8 hrs.) for 1 out of 6 (Staff D) employee sampled.

The findings include:

Record review on @ 1:00 pm revealed Staff D (hired on) did not have documentation of taken the Limited Mental Health Training (8 hrs.) on file.

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Care And Love Retirement Residence Llc	**642 East 21st Street Hialeah, FL 33013**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Interview with the facility owner on at approximately 1:50pm confirmed that she did not have the Limited Health training (8 hrs.) in the facility at time of survey.

Class: III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Care And Love Retirement Residence Llc
642 East 21st Street
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on 4, 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, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis RN
Field Office Manager

AMD:kb
Enclosure
XG90

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