STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965974	12/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Home Loving Care Inc	4321 Sw 133 Avenue Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . Home Loving Care Inc had the following deficiencies at time of survey.

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

Based on observation and interview, the facility failed to have 1 out of staff members to assist with self-adminustation of medication to residents in the proper manner in which was trained.

Findings includes:

Observation of the medication pass on at 12 noon showed caretaker C handing all of the medications to 4 residents during lunchtime (12 noon) medication pass timeframe. The caretaker was observed popping the pill formed medications out of the bubble sheets into her own hands. There was no observation that the caretaker had washed her hands before administering the medications. The caretaker did not use any gloves when handling the medications, the medications were being popped from the bubbles sheets into her hands then taking the pills with her fingers to place either in the residents mouth or into their hands after she has handled them first. At this same time the assistant administrator was present the entire time this occurred and did not intervene. These medications were given to residents #3, #4, #6, and #7.

Interview with the assistant administrator/owner confirmed caretaker C had been trained in the areas for Assistance with Self-Administration. She could not explain the actions of her staff C caretaker on why she handled the medication during the noon time medication pass, but would discuss what happened with the caretaker and have a retraining set up for the employee to ensure it doesn't happen again.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a clean and safe environment for resident safety and rights to privacy.

Findings includes:

Observation during tour of the facility at 8: 05 am showed # had 2 beds and 1 portable toilet along side the wall near the door, but later found out there was only one resident in the this time. In # which has 2 beds with a portable toilet in front of the two small dressers. In # there were 2 beds with two residents had another portable toilet.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965974	12/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Home Loving Care Inc	4321 Sw 133 Avenue Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Outside the facility on the rear patio area observed on the right corner of the under surface of the roof there was an electric wiring showing from the outside light fixture (Photo taken). Continuing the tour of the back area the patio floor area of tiles bulging up and broken from the surface area near the out shed. On the outer wall area of the facility there were three holes in the wall showing pipe heads and one hole with nothing in it.

Interview with the assistant administrator on she confirmed the findings in regards to the portable toilets in the with two residents neither having a privacy curtain to provide privacy for any of the residents using the toilets. She also acknowledged that areas in the rear of the facility the findings for the light fixture and the broken tiles and the holes in the wall needed to be corrected.

Class III

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

Based on record review and interview, the facility failed to ensure 1 out 7 sampled residents have an updated Annual Community Support Plan.

Findings includes:

Record review revealed that resident # 2 (admitted on) last Annual Community Support Plan was dated on .

Interview with the assistant administrator/owner on at 2:00 pm, she confirmed resident #2 did not have her up to date Annual Community Support Plan.

Class III

Z827-Unlicensed Activity 408.812, FS

Based on record review and interview, the facility failed remain at their licnesed capacity.

Findings includes:

Record review showed resident #7 was listed on the admission and discharge log and with a contract was suppose to be only in the facility for daycare for only 5 days a week not for weekends. Resident #7's contract states she is dropped off at 8 am and to be picked up at 7:00 pm as is provided medication supervision/ housing & rest area (not to be in another residents anytime), up to 3 meals per day and provisions of towels, soap and toilet papers. The resident agreement (signed on) states her pay rate is $40.00 per day for 5 days a week. The residents medication sheet from the Medication Observation Record (MOR) stated that the resident receives the following medication: 5MG/ Diphenhydrmine @ 7 PM and 25 MG Tab, Mirtazipine 30 MG TAB, and 1 MG TAB AT 8 PM.

Interview with the assistant administrator/owner on at 3:00 pm, she confirmed the daycare resident has been staying over night in the facility while the residents family members go away on the weekends. This has been going on for sometime and the assistant administrator stated this to the surveyor during the record review of the day care residents chart.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Home Loving Care Inc
4321 Sw 133 Avenue
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on 16, 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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com