STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911030	12/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lucille's Loving Care	17820 Nw 22nd Avenue Miami, FL 33056	
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 - 0082 - 58a-5.0191(3) Fac - Training - / S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on . Lucille's Loving Care Assisted Living Facility had the following deficiencies at time of the survey.

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

Based on record review and interview the facility's employee files did not include evidence of negative Tuberclosis examination for 3 out of 3 (A, B & C) sampled staff.

Findings include:

Facility's record review on revealed that sampled Staff A. (hire date) Staff B. (hire date) and Staff C. (hire date) employee file did not include evidence of negative examination on an annual basis. Staff A last examination was dated , staff B examination was last dated and staff C last examination was dated .

On at 1:55 PM Staff A. stated " I will schedule our test as soon as possible. "

Class III

0082-Training - / 58A-5.0191(3) FAC

Based on staff record review and interview the facility failed to ensure that 3 out of 3 (A, B & C) sampled staff had completed a onetime education course on and .

Findings include:

Facility's record review on revealed sampled Staff A. (hire date) Staff B. (hire date) and Staff C. (hire date) employee file did not include documented evidence of / completed training.

On at 12:15 PM administrator stated, " I will schedule the training as soon as possible. "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Lucille's Loving Care
17820 Nw 22nd Avenue
Miami, FL 33056

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on 29, 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