STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953310	01/29/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A Loving Place Alf	25 West 26 Street Hialeah, FL 33010	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D

Specific Tag Findings:

0000-Initial Comments

A Medicaid Program Integrity and Health Quality Assurance monitoring survey was conducted on , 2014. A Loving Place I (Gabalb Inc.) had the following deficiencies at time of the survey.

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation, record review and interview the facility failed to record properly the Medication Record Review (MOR).

Findings included:

Observation on at 10:33 AM revealed that resident #8's medication 325 mg/ 8:00 AM) for was still in the bingo card on Moreover, resident #7's medications (8:00 AM) were still in the bingo card at 10:30 AM. The following medications were:

5 mg, 81 mg , 200 mg, 200 mg , Clopidrogel 75 mg, 300 mg, 12.5 mg, 100 mg, Omega 3 - 25 mg, - 37.5 -325 mg

Further observation revealed that resident #7 (8:00 PM) medication's 200 mg) for was not in the bingo card.

Record review to the MOR on revealed that Resident #8 did not have her 8:00 PM medication 325 mg) on

Further record review on at 10:30 AM revealed that resident #7's medications (8:00 AM) were not signed as given in the MOR.

Interview on at 11:10 AM revealed that the Administrator stated, " resident #7 was sleeping; I was waiting until he wake ups. " Also, the Administrator stated, " I should have called the pharmacy for resident #7 ' s missing medication. " Administrator acknowledged that she was responsible to provide the medication and record the MOR.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953310	01/29/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview the facility failed to have 1 out 5 sampled employees to have training in the areas for Nutrition and food handling.

Findings included:

Record review on at 10:00 am revealed that Staff D (hired on did not have documentation of being trained for Nutrition and Food Handling.

Interview with Administrator on at 11:15 am revealed that Staff D had the training for Nutrition and Food; however, it was not at the facility at time of survey.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
A Loving Place Alf
25 West 26 Street
Hialeah, FL 33010

Dear Administrator:

This letter reports the findings of a Medicaid Program Integrity and Health Quality Assurance monitoring survey that was conducted on 2015 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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