

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966820	(X3) DATE SURVEY COMPLETED 02/18/2015
NAME OF PROVIDER OR SUPPLIER Irving's Place Of Loving Care	STREET ADDRESS, CITY, STATE, ZIP CODE 4561 Sw 36th Street West Park, FL 33023	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Relicensure survey was conducted on [redacted] at Irving's Place of Loving Care. The facility had a deficiency found at the time of the visit.

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

Based on observation and interview, the facility failed to follow the proper procedures for securing medications and providing assistance with self-administration of medication, for 1 out of 3 residents (Resident #1) observed during medication pass.

The findings include:

During a tour of the facility on [redacted] at approximately 9:45 AM, observations found the facility's medication cart in an unlocked office with the door open. Observations found the key for the medication cart unsecured and in the key hole of the medication cart. Further observations found the key for the medication cart accessible to all residents.

Observations on [redacted] at 12 noon found Resident # 1 receiving the following medication: [redacted] 50 mg. At 12 PM, observations during assistance with self-administration of medication revealed Staff A, unlicensed staff, assisted Resident # 1 with self-administration of medication. Staff A sanitized her hands, put Resident # 1's medication in a cup, gave the medications along with a cup of water to the resident. Staff A did not state the name of the medication to Resident # 1. Staff A observed Resident # 1 take her medication and signed her Medication Observation Record (MOR).

During an interview on [redacted] at 12:15 PM, Staff A was informed of the process for securing medications and assisting residents with self-administration of medications. Staff A acknowledged her error in not informing Resident # 1 of the name of the medication given to her. In an interview with the Administrator on [redacted] at 2 PM, she acknowledged the findings.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Irving's Place Of Loving Care
4561 SW 36th Street
Hollywood, FL 33023

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


 Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547
XG90

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