STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967289	02/02/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ajr Loving Care Assisted Living	5900 Dean Road Oviedo, FL 32765	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0164-Records - Inspection Availability-02/02/2015

Revisit New Tags:
0078-Staffing Standards - Staff-58a-5.019(2) Fac
0081-Training - Staff In-Service-58a-5.0191(2) Fac
0084-Training - Assis Self-Admin Meds & Med Mgmt-58a-5.0191(5) Fac
0090-Training - -5.0191(11) Fac
Z815-Background Screening; Prohibited Offenses-408.809, 435.02(2), 435.06

Specific Tag Findings:
0000-Initial Comments
Revisit to the Limited Nursing Services Monitoring was conducted on 2/2/15. AJR Loving Care Assisted Living Facility had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure that 4 of 4 staff (A, B, C and D) had a statement from the health care provider documenting freedom from Communicable and

Findings:

Personnel record review revealed the following:

1. Staff A (the administrator) revealed there was no documentation found to confirm that she was free from

2. Staff B hired in there was no documentation to confirm that she was free from Communicable and

3. Staff C hired in the only documentation to confirm that she was free from was dated (Due

4. Staff D hired in had a freedom from Communicable statement that was dated and a chest x-ray that was dated than six month prior to her hire date).

During an interview with owner on at approximately 10:30 AM, she stated she could not

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provide any other documentation.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel record review and interview the facility failed to have evidence that 2 of 4 sampled staff (B, C and D) received the required in-service training before hire and within 30 days of hire.

Findings:

During an interview with the Owner of the facility on [redacted] at approximately 10:15 AM, she stated Staff #B, C and D provided direct care to the residents of the facility.

Personnel Record review revealed that Staff A, B and C had not taken CORE training and the following training's were not found in the records:

For Staff B hired in [redacted] there was no documentation to confirm she had received the following training:

1. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation
2. Resident rights in an assisted living facility

For Staff C hired in [redacted] there was no documentation to confirm she had received the following training:

1. Recognizing and reporting resident [redacted], neglect, and
2. Resident rights in an assisted living facility
3. Facility's resident elopement response policies and procedures

For Staff D hired in [redacted] there was no documentation to confirm she had received the following training:

1. Recognizing and reporting resident [redacted], neglect, and
2. Resident rights in an assisted living facility
3. Facility's resident elopement response policies and procedures
4. 3 hours of ADL and Resident needs and behavior
5. [redacted] control before providing care to the residents.

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6. Facility's resident elopement response policies and procedures
7.1 Hour safe food handling practices.
8. Reporting major incidents.
9. Reporting adverse incidents.
10. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

During an interview with the owner on [redacted] at approximately 11 AM, she stated she could not locate any documentation to confirm that the staff had received the above training's.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on personnel record review and interview the facility failed to have evidence that 3 of 3 sampled unlicensed staff (B, C and D), who provided assistance with the resident's medications received 2 hours of continuing education training each year in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF).

Findings:

During an interview with the owner on [redacted] at approximately 10:30 AM she stated staff B, C and D all assisted the resident's with their medications.

1. Personnel record review for Staff B had received the 4 hour medication training on [redacted]. Further Personnel record review revealed there was no documentation to confirm she had received 2 hours of continuing education training each year in providing assistance with self-administered medications and safe medication practices in an ALF. There was a certificate for a 4 hour training that was titled "Assistance with Medication." The certificate did not note whether it was for self-administered medications and safe medication practices in an ALF.

2. Personnel record review for Staff C had received the 4 hour medication training on [redacted]. Further Personnel record review revealed there was no documentation to confirm she had received 2 hours of continuing education training each year in providing assistance with self-administered medications and safe medication practices in an ALF.

3. Personnel record review for Staff D had received the 4 hour medication training on [redacted]. Further Personnel record review revealed there was no documentation to confirm she had

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received 2 hours of continuing education training each year in providing assistance with self-administered medications and safe medication practices in an ALF.

During an interview with the Owner on [redacted] at approximately 11:15 AM, She stated she did not have any other documentation to confirm the staff had received the required assistance with medication training.

Class III

0090-Training - [redacted] 58A-5.0191(11) FAC
Based on personnel record review and interview the facility failed to ensure that 1 of 4 sampled staff (D) had at least one hour of training in the facility's policies and procedures regarding [redacted] that included information in Rule 58A-5.0186, F.A.C. within 30 days after employment.

Findings:

Personnel Record review revealed Staff D was hired in [redacted]

There was no documentation to confirm that they had received at least one hour of training in the facility's policies and procedures regarding [redacted] that included information in Rule 58A-5.0186, F.A.C.

During an interview with the owner on [redacted] at approximately 10:30 AM, she stated there was no documentation found to confirm that the staff had received the above training.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on observations, personnel record review and interview the facility failed to ensure that 1 of 4 sampled staff met the background screening requirements and were allowed to provide personnel care to the residents of the facility.

Findings:

Personnel Record review for Staff B, Hired in [redacted] and was observed working the day of the survey revealed there was no Level II background screening results available for review.

A review of the agency's background screening website was conducted on [redacted] at

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approximately 10:45 AM, revealed it noted a new screening was required.

A Telephone call was made to the agency's background screening unit was conducted on [redacted] at approximately 11 AM, the representative stated because the facility staff needed to sign the privacy statement the results of the screening were not available for review and Staff B should not be working without having evidence of the Level II Background Screening Results.

During an interview with the owner on [redacted] at approximately 11:15 AM, She stated she was not aware that there were no Level II Background Screening results available for Staff B.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Ajr Loving Care Assisted Living
5900 Dean Road
Oviedo, FL 32765

RE: Revisit to LNS monitoring

Dear Administrator:

This letter reports the findings of a state licensure LNS survey that was conducted on 2, 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 [illegible] 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 Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure:
XQSO

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