STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932590	04/14/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
OUR LOVING MOTHER ELDERLY CARE, INC	1635 WEST 65 STREET HIALEAH, FL 33012	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on , 2015. Our Loving Mother Elderly Care, Inc with Limited Nursing Services and Limited Mental Health components had deficiencies at time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview the facility failed to conduct a face to face medical examination by a health care provider as part of the continued residency criteria after a significant change with activities of daily living (ADLs) levels for 1 out of 4 sampled residents (# 1).

Findings included:

Record review revealed that Resident #1 is receiving hospice services since with a diagnosis of End Stage . Record review revealed that the last health assessment was conducted on and stated that Resident #1 required supervision for eating and assistance with the rest of her ADL's.

On at 9:10 am Caregiver A stated that at this time everything has to be done for the Resident (#1) as she requires total assistance with her activities of daily living.

Class III

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

Based on record review and interview the facility failed to document a negative examination on on annual basis for the Registered Nurse contracted by the facility to provide limited nursing services.

Findings included:

Record review of the Registered Nurse contracted by the facility to provide limited nursing services revealed that the last examination test was read on and was negative.

Phone interview on at 10:05 am with Registered Nurse contracted by the facility to provide limited nursing services, she reported that she sent an email to the facility's owner with the new test results.

On at 10:10 am Caregiver A stated that the facility's owner is traveling and that she will make sure that hm print the nurse's document from the computer when he gets back.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932590	**04/14/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
OUR LOVING MOTHER ELDERLY CARE, INC	**1635 WEST 65 STREET HIALEAH, FL 33012**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0162 Continued From page 1

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed have a doctor's order for treatments for 1 out of 4 sampled residents (# 1).

Findings included:

During the tour of the facility on at 8:40 am observed an concentrator and an tank in # occupied by Resident # 1.

on at 8:45 am Caregiver A stated that Resident #1 requires at times and it is placed by hospice nurse.

Record review revealed that hospice care plan stated that resident used via nasal cannula PRN (as needed); there was not an order for found in the record.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , , 2015

Administrator
Our Loving Mother Elderly Care, Inc
1635 West 65 Street
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a Limited Nursing Services 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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