STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967609	**06/03/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
LUBRIN LOVING CARE INC	**6564 SW 20 COURT PLANTATION, FL 33317**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on [redacted] at Lubrin Loving Care Inc . The facility had a deficiency survey identified at the time of the survey.

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on interview and record review, the facility failed to ensure that the Administrator had complied with the core training competency test requirements. As evidence of the facility's Administrator (Employee A) failure to obtain a passing score on the competency exam/test.

The findings include:

Review of the Agency's website revealed Employee A is the Administrator of record for the facility.
During an interview with the Administrator at 10:30 AM on [redacted], it was confirmed she is the Administrator for the facility.

Record review of Employee A's file revealed a date of hire of [redacted] as the Administrator for the facility. Further record review failed to indicate that Employee A had taken and passed the core competency exam.

During an interview with the Administrator on [redacted] at 2:50 PM, it was revealed she took the core competency test on [redacted] and failed the test by four points. She stated she had taken the test again on [redacted] and currently do not have the results of the exam. The Administrator acknowledged she is not in compliance with the regulation that she should have completed and passed the core competence test within 90 days of hire as the Administrator.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Lubrin Loving Care Inc
6564 Sw 20 Court
Plantation, FL 33317

RE: Biennial survey

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,

for Arlene Mayo-Davis
Field Office Manager

AMD/dlt
Enclosure
XG90

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