STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932590	R
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 Revisit Survey was conducted on 17, 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 observation, record review, and interview the facility failed to ensure that the health assessments for one out of seven (1) sampled residents documented what type of assistance was needed with medications.

Findings included:

Observation on at 11:33 am revealed that Residents #1 was sitting watching TV.

Record review on revealed that Resident 1's health assessment (Form 1823) did not have specify if he (yes/no) needed assistance with self-administrator of medication.

Interview on at 2:00 pm with the Administrator acknowledged that Resident #1's health assessment was not completed.

Uncorrected Class III

Z827 - Unlicensed Activity - 408.812, FS

Based on observation, record review, and interview the facility failed to obtain a licensure capacity increase prior to providing personal care, meals, and assistance with self-administration of medication to 7 of 7 residents (#s 1-7). The facility provided services to residents outside the current license capacity of six.
Findings included:
Observation on between 11:30 am - 12:00 pm revealed that there were eleven beds in the facility at time of survey.
Observation on at 11:50 am revealed that staff a door that connected to another also had another door that connected another , which had an elderly woman sitting on a rocking chair who introduced herself as Resident #7 and been living in the facility.
Record review on revealed that the admission/ discharge log had six Residents (1-6) and one daycare resident (#7), but record had no admission date on it or daycare contract.
12:30 pm, Interview on at 12:30 pm with Resident #7 revealed the following information " I have been living here for about a month, I am happy here, I have a ; it makes me feel well. I have my breakfast this morning and my medications, too. I am happy, I have my dresser for my clothes, and my very comfortable."
Interview on around 12:50 pm with Staff A and B revealed that Resident #7 had her breakfast late this morning.

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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)

Z827 Continued From page 1

During the exit conference on at 2:00 pm the Administrator stated, Resident #7 "How it could be possible to believe someone who is out of her mind, that she lives here."
Unclassified deficiency

AH Form Approved

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11932590

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit

Name of Facility
OUR LOVING MOTHER ELDERLY CARE, INC

Street Address, City, State, Zip Code
1635 WEST 65 STREET
HIALEAH, FL 33012

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **A0078** Reg. # **58A-5.019(2) FAC** LSC	Correction Completed	ID Prefix **A0162** Reg. # **58A-5.024(3) FAC** LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	**Reviewed By** [signature]	**Date:** 7/7/15	**Signature of Surveyor:**	**Date:**
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

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 revisit survey conducted on , 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than .

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
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