AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968482	06/25/2015
NAME OF PROVIDER OR SUPPLIER **LOVING ANGELS ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9 RAMBLE WAY** **PALM COAST, FL 32164**	

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

0000 Initial Comments

An unannounced biennial licensure survey was conducted at Loving Angels Assisted Living, Inc. on 25, 2015. Loving Angels Assisted Living Inc. had deficiencies found at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and staff interview, the facility failed to have a complete and accurate Resident Health Assessment for Assisted Living Facilities form (1823 form) for Resident 1 out of two residents sampled.

The findings include:

A record review was conducted for Resident #1 and it revealed a Resident Health Assessment form (1823) dated was not complete due to the omission of information on the form. On page 2 under Section C if resident requires 24 hour supervision was left blank. On page 4 to list current medications it stated "see list, " but there was no accompanying list of medications. In addition, the physician did not mark if the resident needed assistance with medications.

An interview was conducted with the owner on at 1:20 PM and she confirmed the 1823 was not complete and she could not find a medication list for Resident #1 that would have accompanied Resident #1's admission Health Assessment.

Class III

0025 Resident Care - Supervision

Based on record review and staff interview, the facility failed to contact the resident's health care provider and health care representative of substantial weight loss for one of two sampled residents. (Resident #3)

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968482	06/25/2015
NAME OF PROVIDER OR SUPPLIER LOVING ANGELS ASSISTED LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9 RAMBLE WAY PALM COAST, FL 32164	

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

The findings include:

A record review for Resident #3 found she was admitted to the facility on . A review of the Resident Weight Record found Resident #3 weighed 149 lbs. in 2015, 140 lbs. in 2015, and 135 lbs. in 2015. Further review of Resident #3's record revealed that no evidence her physician or family was informed of her weight loss.

The findings were confirmed during an interview with the owner of the facility on at 2:08 PM. She stated "Resident #3 is on a managed care program and she leaves everything up to the managed care company." The owner stated that she did not keep the managed care company's records or get in touch with their doctors.

Class III

0026 Resident Care - Social & Leisure Activities

Based on observation and staff interview, the facility failed to post an activity calendar in the facility.

The findings include:

An observation of the facility on at 9:10 AM revealed that no activities calendar was posted. Between 9:10 AM and 2:30 PM the owner of the facility, the owner of the facility, the Administrator and the caregiver on duty, were all asked where the activity calendar was posted, and they could not point one out in the facility.

Class III

0032 Resident Care - Elopement Standards

Based on observation, record review and staff interviews the facility failed to have identification on resident's persons, with the facility name, address, and telephone number, for Resident #1 who was identified as an elopement risk on her Health Assessment Form upon admission into the facility. The

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968482	06/25/2015
NAME OF PROVIDER OR SUPPLIER **LOVING ANGELS ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9 RAMBLE WAY** **PALM COAST, FL 32164**	

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

facility also failed to conduct and perform elopement drills for the residents and staff as pursuant to Sections 429.41(1)(a)3. and 429.41(1)(A), F.S. affecting five out of the five residents on the current census.

The findings include:

A record review was conducted for Resident #1's Health Assessment form. It revealed the form was signed by the residents physician and dated . Resident #1's physician identified the resident as needing special precautions for wandering. (See photographic evidence)

A staff interview was conducted with Employee A on at 11:30 AM. Employee A confirmed that Resident #1 has wandered away from the facility while she was working and was at risk for elopement.

An observation was conducted of Resident #1 on at 2:40 PM and no identifying information could be seen on the resident's person which listed the facilities name, address, and telephone number.

An interview was conducted with the Owner on at 2:45 PM. The Owner confirmed Resident #1 did not have identification on her person that gave the facility name, address, and phone number in case of elopement. The Owner stated " I didn't know we had to do that".

A record review was attempted for the facilities Elopement Drills but the Owner was unable to provide information or verification the elopement drills were conducted.

An interview was conducted with the Owner on at 3:00 PM. The owner confirmed the facility has not conducted elopement drills and they did not have a completed log.

Class III

0054 Medication - Records

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968482	06/25/2015
NAME OF PROVIDER OR SUPPLIER **LOVING ANGELS ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9 RAMBLE WAY** **PALM COAST, FL 32164**	

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

Based on record review and staff interview, the facility failed to maintain a daily Medication Observation Record (MOR) for each resident who received assistance with self-administration of medications for two Residents (Resident #2 & Resident #5) out of three resident records reviewed for medications.

The findings include:

A record review was conducted for Resident #2's MOR and it revealed staff initials were missing on 21st for (pain reliever) 325 milligrams (mg), (used for 0.25 mg, Benxtropine (used for Parkinson's) 2 mg, Zalepion (used for sleep) 5 mg and to indicate the resident received assistance with self administration of these medications.

An interview was conducted with the owner on at 3:10 PM . The Owner confirmed the medication techs initials were missing from the MOR for Resident #2 and could not confirm the resident received her medications on that day.

A record review was conducted for Resident #5's MOR, and it revealed staff initials were missing on 21st for (pain reliever) 50 mg, medication) .50mg and (stool softer) to indicate the resident received assistance with self administration of these medications.

An interview was conducted with the owner on at 3:10 PM . and she confirmed staff initials were missing from the MOR for Resident #5 and could not confirm the resident received her medications on that day.

Class III

0056 Medication - Labeling and Orders

Based on record review and staff interview, the facility failed to properly document a medication on the Medication Observation Record (MOR) as ordered by the physician for two resident's (Resident #2 & Resident #5) out of three residents records reviewed for medications.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968482	06/25/2015
NAME OF PROVIDER OR SUPPLIER LOVING ANGELS ASSISTED LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9 RAMBLE WAY PALM COAST, FL 32164	

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

The findings include:

A record review was conducted for Resident #2, and it revealed a signed order dated for 1 spray in each nostril twice daily.

A record review was conducted of the Medication Observation Record (MOR) for Resident #2 and the medication was not listed on the MOR.

An interview was conducted with Employee A on at 3:20 PM and she confirmed the order for was omitted from Resident #2's MOR.

A record review was conducted for Resident #5's MOR, and it revealed an order for 100 (mg), milligrams 2 tabs, twice daily.

A record review was conducted for Resident #5's and it revealed a physician's order for 2 tabs in the AM and 1 tab in the PM.

A phone interview was conducted with the Pharmacy on at 3:30 PM, and the pharmacist confirmed the order for the was 2 tabs in the AM & 1 tab in PM.

A staff interview was conducted with the Owner on at 3:32 PM and she confirmed the order on Resident #5's MOR did not coincide with the physician's order.

Class III

0077 Staffing Standards - Administrators

Based on staff interview and record review, the facility failed to ensure the Administrator was responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968482	06/25/2015
NAME OF PROVIDER OR SUPPLIER LOVING ANGELS ASSISTED LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9 RAMBLE WAY PALM COAST, FL 32164	

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

The findings include:

On entry to the facility on at 8:55 AM Employee A was to contact the Administrator of the facility. She contacted the owner of the facility.

The owner of the facility, the Administrator's sister arrived at the facility on at 9:35 AM just before the Administrator. The Owner was relied on to answer most of the questions and provide the information needed for the survey.

During an interview with the Administrator on at 9:50 AM she stated the facility was using her license so she did consulting for them. She stated she was not on the schedule and did not work a shift unless someone calls in. She stated she did all the core training. She lived close by and cared for her mother. She consulted with the Hospice and other agencies that visited.

During an interview with Employee A on at 11:30 AM, she stated if a resident had a need for health care or had a medical problem what would she do? She stated she would call the Hospice nurse and the owner. Employee A was then asked how often she saw the Administrator. She stated she rarely saw her. She stated she was told the Administrator was now going to start doing the training at the facility. She stated the Administrator has been to the facility a few times. She would look through the records but it was not very often. She stated she always talks to the owner. The owner was the one she always went to. She stated she wasn't aware she was the Administrator.

During a telephone interview on at 1:10 PM with Employee B, she stated when there was an emergency she would call the owner. She was asked who she would call if a resident had a need for health care or had a medical problem. She stated she would call the owner or her sister. She was asked if she would call the Administrator and she stated that she did not call her.

A record review of the employee records For Employee A, B, C and D found no evidence the Administrator was conducting training at the facility. Refer to citations A0081, A0082, A0083, A0084, A0085, A0161, A0090 and Z815. Record review of Resident #1, #2 and #3's records revealed concerns related to the care and services provided at the facility. Refer to A0025, A0026, and A0032.

Class III

0081 Training - Staff In-Service

Based on staff interview and employee file review, the facility failed to ensure 3 of 4 sampled employees

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968482	06/25/2015
NAME OF PROVIDER OR SUPPLIER **LOVING ANGELS ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9 RAMBLE WAY** **PALM COAST, FL 32164**	

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

received a minimum of 1 hour in-service training within 30 days of employment that covered reporting major incidents and adverse incidents, resident rights, facility emergency procedures, facility elopement policy and procedures, recognizing and reporting and safe food handling. (Employee B, C and D)

The findings include:

Record review for Employee B (hired did not find any evidence she received training in reporting major incidents and adverse incident, resident rights, facility emergency procedures, facility elopement policy and procedures, recognizing and reporting , and safe food handling.

Record review for Employee C (hired did not find any evidence she received training in reporting major incidents and adverse incident, resident rights, facility emergency procedures, facility elopement policy and procedures, recognizing and reporting and safe food handling.

Record review for Employee D (hired did not find any evidence she received training in reporting major incidents and adverse incident, resident rights, facility emergency procedures, facility elopement policy and procedures, recognizing and reporting , and safe food handling.

The findings were confirmed with the Administrator and Owner on at 3:15 PM. Both were informed of the missing training and both stated they did not have evidence of the training to provide for review.

Class III

0082 Training -

Based on record review and staff interview, the facility failed to ensure one of four employees received within 30 training in
days of employment. (Employee B)

The findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968482	06/25/2015
NAME OF PROVIDER OR SUPPLIER LOVING ANGELS ASSISTED LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9 RAMBLE WAY PALM COAST, FL 32164	

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

A record review for Employee B (hired could not provide evidence Employee B received training in

The findings were confirmed with the Administrator and Owner on at 3:15 PM. Both were informed the training was not in Employee B's personnel file, and both stated they did not have evidence of the training.

Class III

0083 Training - First Aid and

Based on employee record review, review of the facility schedule, and staff interview, the facility failed to ensure one staff member working in the facility at all times was trained in First Aid for one of four sampled employees (Employee A) and trained in for 3 of 3 sampled employees. (Employees A, C, and D)

The findings include:

A record review for Employee A (hired revealed no evidence she completed coursework in First Aid and and held a valid and current card documenting completion of the courses. Record review of the personnel file for Employee A revealed a card for training. Review of the card revealed it was not from an approved source. During an interview with Employee A on at 11:00 AM, she was not able to say where she obtained the training or give any details about who signed the card.

A record review for Employee C (hired found no evidence she completed coursework in First Aid and and held a valid and current card documenting completion of the courses.

A record review for Employee D (hired found no evidence she completed coursework in First Aid and and held a valid and current card documenting completion of the courses.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968482	06/25/2015
NAME OF PROVIDER OR SUPPLIER LOVING ANGELS ASSISTED LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9 RAMBLE WAY PALM COAST, FL 32164	

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

Review of the facility schedule found the facility has only one staff member working each shift.

The findings were confirmed with the Administrator and Owner on at 3:15 PM. Both were informed of the missing training, and both stated they had no further documentation to provide for review.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on staff interview and record review, the facility failed to ensure two of four sampled employees providing assistance with self-administration of medication successfully completed the initial four hour training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. (Employee A and B)

The findings include:

A record review for Employee A (hired revealed the only medication administration training documenting Employee A's personnel file was for an online training that occurred on A record review of the training certificate found it did not include the hours of the training.

A record review for Employee C (hired did not reveal any evidence that she had training related to providing assistance with self-administered medications and safe medication practices in an assisted living facility.

The findings were confirmed with the Administrator and Owner on at 3:15 PM. Both were informed of the missing information related to medication administration training, and both stated they had no more evidence to provide for review.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968482	06/25/2015
NAME OF PROVIDER OR SUPPLIER LOVING ANGELS ASSISTED LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9 RAMBLE WAY PALM COAST, FL 32164	

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

Class III

0085 Training - Nutrition & Food Service

Based on employee record review and staff interview, the facility failed to ensure the Administrator/food service designee for the facility obtained a minimum of two hours of continuing education in food service and nutrition. (Employee E).

The findings include:

During an interview with the Administrator on at 11:00 AM she stated she was responsible for food service at the facility. A record review of the employee file for the Administrator/Employee E did not provide evidence of any training in the past two years related to food service or nutrition.

The findings were confirmed by the Administrator during an interview on at 3:15 PM She stated she did not have the training.

Class III

0090 Training -

Based on a review of employee files, and an interview with the Administrator, the facility failed to provide the required training in the facility's policies and procedures on to three of four sampled employees (Employees B, C, and D).

The findings include:

A record review of the employee file for Employee B (hired revealed no documentation that she ever received the required training in the facility policies and procedures on

A record review of the employee file for Employee C (hired revealed no documentation that she ever received the required training in the facility policies and procedures on

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968482	06/25/2015
NAME OF PROVIDER OR SUPPLIER LOVING ANGELS ASSISTED LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9 RAMBLE WAY PALM COAST, FL 32164	

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

A record review of the employee file for Employee D (hired revealed no documentation that she ever received the required training in the facility policies and procedures on

The findings were confirmed during an interview on at 3:15 PM with the Administrator and the owner of the facility. Both the Administrator and owner were notified of the missing information and neither could provide additional evidence for review.

Class III

0093 Food Service - Dietary Standards

Based on observation, record review, and staff interview, the facility failed to have a menu planned at least 1 week in advance, and to post the weekly menu where it is easily viewed by all five residents of the current census of five. The facility also failed to document meal substitutions when changes were made to approved menus. Additionally, the facility failed to have an emergency supply of food and water sufficient for drinking and food preparation affecting all five residents on the current census.

The findings Include:

A review was conducted of the facility's weekly menu that was posted high up on the wall in the kitchen of the facility and in very small print. The menu posted was signed by the dietician and was Week One out of a four week rotated cycle of menus the facility used.

An interview was conducted with the owner of the facility along with Employee A on at 10:45 AM. Employee A confirmed the menu posted (week one) was not the current menu the facility was utilizing. The employee stated "I am using week #3 not week #1". The owner also confirmed the menu was not the correct week that was posted and was not easily viewable for all residents to see.

An observation was conducted of the residents eating breakfast on at 9:00 AM. All five residents were observed sitting at the table eating scrambled eggs, cereal with milk, fruit cocktail with coffee and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968482	06/25/2015
NAME OF PROVIDER OR SUPPLIER LOVING ANGELS ASSISTED LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9 RAMBLE WAY PALM COAST, FL 32164	

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

and juice.

A review was conducted of the posted weekly menu, and it revealed the residents were to be served cereal, eggs, bacon, muffin, fruit, coffee, juice.

A review was conducted of the facility substitution log, and there were no entries found for the week of 21-27th. (See photographic evidence)

An interview was conducted with Employee A on at 10:20 AM. The employee confirmed she did not serve the bacon or muffin that was listed on the posted menu for breakfast and did not enter the substitutions in the log.

An observation was conducted of the noon meal on 12:15 PM. The residents were served one slider (beef patty on a small roll) with remainder of beef patty on the side, veggie mix of broccoli and corn, along with a nutri-grain bar and drink of choice.

A review of the facility's posted menu revealed the residents were to receive a beef patty, salad, dressing, potatoes, cherry pie and beverage.

A review of the facility's substitution log revealed no entries were made for the week dated 21 - 27th. (See photographic evidence)

A staff interview was conducted with Employee A on at 1:45 PM. Employee A confirmed she did not serve what was listed on the menu for lunch and did not enter the substitutions that were made in the facility's substitution log.

An observation was conducted on at 2:00 PM of the facility's emergency stock of food and water. It revealed the facility only had eight gallons of water on hand and no fruit to give to the residents in the event of an emergency.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968482	06/25/2015
NAME OF PROVIDER OR SUPPLIER **LOVING ANGELS ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9 RAMBLE WAY** **PALM COAST, FL 32164**	

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

An interview was conducted with the owner on at 2:10 PM. The owner confirmed the facility did not have enough water on hand and there no fruit was available in the facility's emergency supply for the residents.

Class III

0161 Records - Staff

Based employee record review and staff interview, the facility failed to maintain employee records with documentation verifying freedom from communicable for one of four sampled employees (Employee C). The facility failed to maintain employee records with required training for three of four employees. (Employee B, C and D) The facility failed to maintain employee records documenting compliance of level two background screening for three of five employees. (Employee A, B, and E).

The findings include:

A record review of the employee file for Employee C (hired revealed no evidence of documentation verifying freedom from signs or symptoms of communicable

A record review of the employee file for Employee B (hired revealed no evidence she received training in reporting major incidents and adverse incidents, resident rights, facility emergency procedures, facility elopement policy and procedures, recognizing and reporting , or safe food handling.

A record review of the employee file for Employee C (hired revealed no evidence she received training in reporting major incidents and adverse incidents, resident rights, facility emergency procedures, facility elopement policy and procedures, recognizing and reporting , or safe food handling.

A record review of the employee file for Employee D (hired revealed no evidence she received training in reporting major incidents and adverse incidents, resident

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968482	06/25/2015
NAME OF PROVIDER OR SUPPLIER LOVING ANGELS ASSISTED LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9 RAMBLE WAY PALM COAST, FL 32164	

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

rights, facility emergency procedures, facility elopement policy and procedures, recognizing and reporting or safe food handling.

A record review of the employee file for Employee A revealed she was hired as a caregiver at the facility on . Record review of Employee A's personnel file revealed an application for employment dated . A review of the application revealed Employee A last worked in a job that would require a Level II background screening from to . During an interview with Employee A on at 11:00 AM she stated she worked at the owner's other assisted living. She stated she could not recall when she worked there. A level II screening was found in Employee A's file with a eligible date.

A record review of the employee file for Employee B revealed she was hired as a caregiver on . Record review of Employees B's personnel file revealed an application for employment dated . Record review of the applications found Employee B last worked in a job that would require a Level II background screening from to . A level II background screening was found in Employee B's file with a eligible date.

A record review of the employee file for the Administrator/Employee E revealed an application dated . A review of the application revealed there was not any references or employment history listed. The application was signed and dated . A resume was revealed in the employee file that listed past employment. The last employment that would have required a level II background screening was from 2011 to 2012. The resume showed Employee E working as a private care giver as of 2012. During an interview with the Administrator on at 11:30 AM, she stated the private caregiver on the resume was for caring for her own mother.

The findings were confirmed with the Administrator and Owner on at 3:15 PM. Both were informed of the missing information and stated they did not have additional information to provide for review.

Class III

0162 Records - Resident

Based on staff interview and record review, the facility failed to maintain resident records for one of two

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968482	06/25/2015
NAME OF PROVIDER OR SUPPLIER LOVING ANGELS ASSISTED LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9 RAMBLE WAY PALM COAST, FL 32164	

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

sampled residents. (Resident #3)

The findings include:

A record review of the resident record for Resident #3 revealed no evidence of a contract. The findings were confirmed during an interview with the owner of the facility on at 2:08 PM. The owner stated Resident #3 came from her other facility. She stated she did not have a new contract and her old contract needed to be changed.

Class III

Z815 Background Screening: Prohibited Offenses

Based on employee record review and staff interview, the facility failed to ensure three of five sampled employees (Employee A, B and E) received a Level II background screening and were found eligible prior to working at the facility.

The findings include:

A record review of the employee file for Employee A revealed she was hired as a caregiver at the facility on Record review of Employee A's personnel file revealed an application for employment dated Record review of the application found Employee A last worked in a job that would require a Level II background screening from to During an interview with Employee A on at 11:00 AM, she stated she worked at the owners other assisted living. She stated she could not recall when she worked there. A level II screening was found in Employee A's file with a eligible date.

A record review of the employee file for Employee B revealed she was hired as a caregiver on Record review of Employee B's personnel file found an application for employment dated A review of the applications revealed Employee B last worked in a job that would require a Level II background screening from to A level II background screening was found in Employee B's file with a eligible date.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968482	06/25/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING ANGELS ASSISTED LIVING INC	9 RAMBLE WAY PALM COAST, FL 32164

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

A record review of the employee file for the Administrator/Employee E found an application dated [redacted] Record review of the application found there were not any references or employment history listed. The application was signed and dated [redacted] A resume was found in the employee file that listed past employment. The last employment that would have required a level II background screening was from [redacted] 2011 to [redacted] 2012. The resume showed Employee E working as a private care giver as of [redacted] 2012. During an interview with the Administrator on [redacted] at 11:30 AM she stated the private caregiver on the resume is for caring for her own mother. She stated she thought she had another Level II background screening and would look online.

During further interview with the Administrator on [redacted] at 3:15 PM she stated she looked online and she is now required to be rescreened. She stated she was not aware that a break in employment of over 90 days would require a new Level II background screening.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Loving Angels Assisted Living, Inc.
9 Ramble Way
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on
25, 2015 by representatives 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 surveyors. Should you have any questions please call this office at

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor

NH/JM/sm
Enclosure
XG90

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com