STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968139	08/04/2015
NAME OF PROVIDER OR SUPPLIER **CR LOVING CARE 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **74 PRINCE MICHAEL LN** **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 CR Loving Care 2 on , 2015. Deficiencies were identified.

0008 Admissions - Health Assessment

Based on resident record reviews and staff interviews, the facility failed to obtain accurate and complete information on the Resident Health Assessment (AHCA form 1823) for 2 of 2 sampled residents (Residents #1 and #4) whose records were reviewed. In addition, the facility failed to obtain clarification from the physician regarding a therapeutic diet recommended for Resident #1.

The findings included:

An observation of Resident #1 was conducted at 10:30 am on in the dining area of the facility. He was observed feeding himself a regular consistency lunch of noodles and red sauce, green beans, and a cup of juice. He was able to feed himself and chew his food appropriately, with no coughing or evidence of difficulty eating a regular diet. He drank the juice without problems.

A record review for Resident #1 found a Resident Health Assessment dated and signed by the examiner. The examiner indicated Resident #1 required a pureed diet with nectar thickened liquids. The section on page 4, which asks if the resident required assistance with the self-administration of medications, was left blank by the examiner. Section 3, intended to be completed by the Administrator to indicate services provided, was left blank.

A record review for Resident #4 found a Resident Health Assessment which had been signed, but not dated, by the examiner. At the top of several of the pages of the assessment, a facsimile date and time stamp indicated the form was sent to the facility on . . The section on page 4, which asks if the resident required assistance with the self-administration of medications, was neither checked "yes" or "no" by the examiner. Below, both of the boxes "Needs assistance with self-administration of medications" and "Needs medications administered" were checked. It was not clear which level of assistance the resident required. Section 3, specifying the services provided by the facility, was completed by the Administrator and dated . . . It had not been updated with the most recent health assessment.

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An interview was conducted with the owner at 1:53 pm on . She reviewed the records and confirmed the missing information on the 1823s for Residents #1 and #4, and the conflicting information regarding the self-administration of medication for Resident #4 . She stated Resident #1 did not require a modified consistency diet. The owner said both assessments needed to be corrected by the physician.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview with the owner, the facility failed to properly secure centrally stored medications in a locking cabinet.

The findings included:

An observation of the medication storage cabinet was conducted at 2:00 pm on . The key was observed to be in the lock at the top of the 4-door metal filing cabinet. The locking mechanism was recessed into the face of the cabinet, leaving a visible space between the mechanism and the cabinet face. It was apparent the lock did not fit securely into the cabinet.

When interviewed at 2:00 pm on , the owner stated the cabinet was secured. She demonstrated how it was locked by pulling the mechanism from the hole, and opening the drawer. She closed the drawer, and with the key still in the lock, recessed the locking mechanism back into the hole, resting it on it's side, with the key acting as leverage. The key was left in the lock. She confirmed the lock was technically broken.

Class III

0078 Staffing Standards - Staff

Based on personnel file review, and interview with the owner, the facility failed to obtain documented evidence of freedom from communicable and negative examination within 30 days

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	AL11968139	08/04/2015
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of hire or within 6 months prior to hire for 1 of 3 sampled employees (Employee B).

The findings included:

A review of Employee B's personnel file found she was hired as a caregiver on . A health examination was completed by the employee's physician on , however the entire section indicating freedom from a communicable was left blank. Further review of the file found no evidence of negative examination for this employee.

An interview was conducted with the owner at 1:53 pm on . She reviewed the file and confirmed the missing screening for Employee B.

Class III

0080 Training - Core & Competency Test

Based on personnel record review, and interview with the owner, the facility failed to ensure the Administrator participated in twelve (12) hours of continuing education in topics pertinent to assisted living facilities every 2 years, as required.

The findings included:

A personnel file review for the Administrator found she received only 8 hours of continuing education in topics related to assisted living over the past 2 years.

An interview was conducted with the owner at 1:53 pm on . She reviewed the file and the posted credentials and trainings for the Administrator. She confirmed the Administrator had not completed the required twelve hours of continuing education over the past 2 years. She explained this was because she was in the process of designating a new Administrator for the facility. She acknowledged the requirement for continuing education still applied to the Administrator of record.

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Class III

0081 Training - Staff In-Service

Based on personnel record review, and interview with the owner, the facility failed to provide or arrange for the required training in facility emergency procedures, including chain-of-command and staff roles relative to emergency evacuation, within 30 days of hire for 1 of 3 sampled employees (Employee B).

The findings included:

A personnel file review for Employee B found she was hired as a caregiver on . Further review of the file revealed missing documentation of training in the facility's emergency and evacuation procedures.

An interview was conducted with the owner at 1:53 pm on . She reviewed the file and confirmed the missing training in emergency procedures for Employee B.

Class III

0083 Training - First Aid and

Based on personnel record review, and interviews with staff, the facility failed to provide or arrange for the required training in First Aid for 1 of 2 sampled employees (Employee B) who was left in sole charge of the residents and the facility.

The findings included:

In an interview with the owner at 10:45 am on , she stated there were only two facility employees who provided care and services to the residents; herself and Employee B. She added that Employee B resided in the home during her shifts, around the clock.

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SUMMARY STATEMENT OF DEFICIENCIES
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An interview conducted with Employee B at 12:19 am on found she worked as a live in caregiver on Thursdays, Fridays, Saturdays, and Sundays.

A personnel file review for Employee B found she was hired as a caregiver on . Further review of the file revealed no evidence of certification in First Aid.

An interview was conducted with the owner at 1:53 pm on . She reviewed the file and confirmed the missing First Aid certification for Employee B.

Class III

0093 Food Service - Dietary Standards

Based on observation, facility record review, and staff interview, the facility failed to provide attractive meals in accordance with the menu, or that met the nutritional status of the meal intended, failed to substitute items of comparable nutritional value, and failed to note substitutions prior to the lunch meal served during the survey. In addition, the facility failed to ensure that no more than 14 hours elapsed between the end of the evening meal and the beginning of the morning meal. This had the potential to impact all 4 residents residing in the facility. Finally, the facility failed to provide a therapeutic menu, as prescribed by the physician, to 1 of 2 sampled residents whose health assessments were reviewed (Resident #1).

The findings included:

An observation of the lunch meal was conducted at 10:30 am on . Employee B was observed to prepare lunch for all 4 residents. She retrieved a covered plastic container from the refrigerator that contained noodles with red sauce. The container was not labeled with the contents or with the date the noodles were prepared. Employee B scooped a portion of noodles onto each resident's plate, then topped the noodles with several spoonfuls of green beans from a can. The plates were individually microwaved, and served to each of the 4 residents. A cup of red juice was provided to each resident. Ice cream was offered after lunch. Resident #1 was observed to independently feed himself his entire meal using a spoon, chewing and swallowing each bite. He drank his juice without apparent difficulty.

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A review of the facility menu, which had been signed and dated by the Registered Dietician in 2015, revealed the lunch meal for the day of survey called for beef tips with gravy, rice, peas, carrots, salad, a roll, Boston cream pie, margarine, and milk.

A record review for Resident #1 found a Resident Health Assessment dated and signed by the examiner. The examiner indicated Resident #1 required a pureed diet with nectar thickened liquids.

An interview with Employee B at 10:40 am on . She confirmed she served an alternate meal, and had not noted the substitution. She stated the owner was responsible for documenting menu substitutions. She confirmed the container of noodles she served for lunch had not been labeled with a date or description of the contents. She said the noodles had been prepared the day before, by the owner. When asked about meal times, she stated the dinner meal was served at 3:30 pm daily, and breakfast at 7:00 am. This accounted for fifteen and a half hour lapse between the evening and the next morning's breakfast meal, which exceeds the requirement of no more than 14 hours between meals.

Interview with the owner at 11:19 am on confirmed she did not note the substitutions made for the lunch meal. She acknowledged the requirement to note and maintain substitutions on file.

A second interview was conducted with the owner at 1:53 pm on . She reviewed the health assessment for Resident #1, stating he did not require a modified consistency diet. She said she would have this corrected by the physician.

Class III

Z815 Background Screening: Prohibited Offenses

Based on personnel file review, and interview with the owner, the facility failed to obtain a level 2 background clearance for 1 of 3 sampled employees (Employee B) whose employee files were reviewed.

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The findings included:

A personnel file review for Employee B found she was hired as a caregiver on . Further review of the file found no level 2 background screening for this employee. A review of the background screening unit website was conducted by the Field Office Supervisor at 1:28 pm on . She confirmed there was no level 2 clearance for Employee B.

An interview was conducted with the owner at 1:53 pm on . She reviewed the file for Employee B, and confirmed there was no level 2 background clearance.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Cr Loving Care 2
74 Prince Michael Lane
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a state biennial 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. **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 surveyor. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering,
Health Facility Evaluator Supervisor

LL/JM/sm
Enclosure
XG90

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