

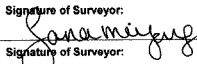
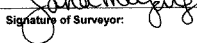
State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11964453	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 8/12/2015
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Name of Facility CONCORDE LOVING CARE INC.	Street Address, City, State, Zip Code 13 POPE LANE PALM COAST, FL 32164
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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 <u>A0083</u> Reg. # <u>58A-5.0191(4) FAC</u> 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	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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ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency	Reviewed By _____	Date: _____	Signature of Surveyor: 	Date: 8/18/15
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

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/18/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964453	(X3) DATE SURVEY COMPLETED R
NAME OF PROVIDER OR SUPPLIER CONCORDE LOVING CARE INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 13 POPE LANE PALM COAST, FL 32164	

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

0000 Initial Comments

An unannounced follow-up to the licensure survey was conducted at Concorde Loving Care, Inc. on 08/18/2015. Deficiencies were identified.

0078 Staffing Standards - Staff

Based on employee record reviews and interview with staff, the facility failed to obtain a written statement from a health care provider documenting that 1 of 5 sampled employees whose files were reviewed (Employee D) does not have any signs or symptoms of communicable disease, including

The findings include:

A review of the facility schedule and a personnel file review was conducted for Employee D. She was hired as a caregiver, and commenced working on 08/18/2015. The file did not contain documentation of freedom from communicable disease, including

An interview was conducted with the Administrator on 08/18/2015 at 11:30 am. She reviewed the file and confirmed the missing documentation.

Class III

0081 Training - Staff In-Service

Based on a review of employee records, and interview with staff, the facility failed to provide the required in-service training within 30 days of hire to 2 of 5 sampled employees (Employees D and E).

The findings include:

A review of the facility schedule and a personnel file review was conducted for Employee D. She was hired as a caregiver, and commenced working on 08/18/2015. Further review of the file revealed missing

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NAME OF PROVIDER OR SUPPLIER CONCORDE LOVING CARE INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 13 POPE LANE PALM COAST, FL 32164	

**SUMMARY STATEMENT OF DEFICIENCIES
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documentation of the required training in incident reporting, the facility's emergency procedures including chain-of-command and roles related to emergency evacuation, resident rights, recognizing and reporting neglect and safe food handling, and elopement response policies and procedures.

A personnel file review was conducted for Employee E, a caregiver. No hire date could be determined, as there was no employment application. Interview with the Administrator at 11:30 am on found this employee worked for the facility on and off for years. Further review of the record found missing documentation of the required in-service training in the facility's emergency procedures including chain-of-command and roles related to emergency evacuation, resident rights, recognizing and reporting neglect and elopement response policies and procedures.

An interview was conducted with the Administrator at 11:30 am on . She reviewed the files for Employee D and E, and confirmed the missing training.

Class III

0090 Training -

Based on a review of employee records, and interview with staff, the facility failed to provide the required 1 hour of in-service training in () within 30 days of hire to 2 of 5 sampled employees (Employees D and E).

The findings include:

A review of the facility schedule and a personnel file review was conducted for Employee D. She was hired as a caregiver, and commenced working on . Further review of the file revealed missing documentation of the required 1 hour training in the facility's policies and procedures regarding

A personnel file review was conducted for Employee E, a caregiver. No hire date could be determined, as there was no employment application. Interview with the Administrator at 11:30 am on found this employee worked for the facility on and off for years. Further review of the record found missing documentation of the required 1 hour in-service training in the facility's policies and procedures

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NAME OF PROVIDER OR SUPPLIER CONCORDE LOVING CARE INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 13 POPE LANE PALM COAST, FL 32164	

SUMMARY STATEMENT OF DEFICIENCIES
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regarding

An interview was conducted with the Administrator at 11:30 am on . She reviewed the files for Employee D and E, and confirmed the missing training.

Class III

0161 Records - Staff

Based on a review of employee records, and interview with staff, the facility failed to maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, and documentation of compliance with all training requirements of this part or applicable rule for 2 of 5 sampled employees (Employees D and E).

The findings include:

A review of the facility schedule and a personnel file review was conducted for Employee D. She was hired as a caregiver, and commenced working on . Further review of the file revealed missing documentation of the required training in incident reporting, the facility's emergency procedures including chain-of-command and roles related to emergency evacuation, resident rights, recognizing and reporting , neglect and , safe food handling, , and elopement response policies and procedures. Finally, there was no level 2 background clearance located in Employee D's record.

A personnel file review was conducted for Employee E, a caregiver. No hire date could be determined, as there was no employment application located in the file. Interview with the Administrator at 11:30 am on . found this employee worked for the facility on and off for years. Further review of the record found missing documentation of the required in-service training in the facility's emergency procedures including chain-of-command and roles related to emergency evacuation, resident rights, recognizing and reporting , neglect and , and elopement response policies and procedures. Finally, there was no level 2 background clearance located in Employee E's record.

An interview was conducted with the Administrator at 11:30 am on . She reviewed the files for

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Employee D and E, and confirmed the missing training and level 2 clearance for both employees.

Class III

0162 Records - Resident

Based on a review of resident records, and interview with staff, the facility failed to maintain a semi-annual record of weights for 1 of 2 sampled residents whose records were reviewed (Resident #1).

A record review for Resident #1 found she was admitted on Further review of the record found the resident had no documented weights since 2013.

An interview was conducted with the Administrator at 11:55 am on She confirmed the missing weights, stating the resident was unable to get onto a scale.

Class III

ZB15 Background Screening: Prohibited Offenses

Based on a review of employee records, and interview with staff, the facility failed to obtain level 2 background clearance for 1 of 5 sampled employees (Employee E) whose files were reviewed.

The findings include:

A personnel file review was conducted for Employee E, a caregiver. No hire date could be determined, as there was no employment application located in the file. Interview with the Administrator at 11:30 am on . . . found this employee worked for the facility on and off for years. A review of the staffing schedule confirmed the employee works alone at the facility on the 11 PM- 7 AM shift. Further review of the record found no evidence of a level 2 background clearance.

A review of the Agency's Background Screening website on . . . at 10:45 AM revealed no evidence

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that Employee E had a level II background screening.

An interview was conducted with the Administrator at 11:30 am on . . . She reviewed the file for Employee E, and confirmed the missing level 2 clearance.

Unclassified



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Concorde Loving Care Inc.
13 Pope Lane
Palm Coast, FL 32164

Dear Administrator:

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

All deficiencies shall be corrected no later than , 2015.

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 (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/JM/sm
Enclosure

BBT7

