STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932590	07/15/2015
NAME OF PROVIDER OR SUPPLIER **OUR LOVING MOTHER ELDERLY CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1635 WEST 65 STREET HIALEAH, FL 33012**	

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

0000 Initial Comments

A Standard Biennial survey was conducted at on , 2015. Our Loving Mother Elderly with Limited Nursing Services and Limited Mental Health components had the following deficiencies found at time of the survey:

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to have a completed health assessment for one out six (#2) sampled residents.

Findings included:

Record review on found Resident #2's health assessment (form 1823) was missing page #2. Resident #2 was admitted on .

Interview on at 2:00 pm the Administrator acknowledged that the Resident #2' s health assessment did not have page #2 in file. The Administrator stated that he probably misplaced page #2.

Class III

0010 Admissions - Continued Residency

Based on observation, record review, and interview the facility failed to ensure that one out of six (#1) sampled residents met continued residency criteria. The facility failed to have an updated health assessment that reflected one out of six (#1) sampled residents levels of activities of daily living and medication mode.

Findings included:

Observation on revealed that Resident #1 was in bed in #1. Medication pass observations on at 12:00 pm revealed that Staff A administered Resident #1's medication. Lunch observation on at 12:00 pm revealed that Staff A fed Resident #1.

Record review on revealed that Resident # 1 health assessment (Form 1823) signed on indicated that she needed assistance with ambulation, bathing, dressing, , toilet, and transfer; Resident #1 required supervision with eating. It also indicated that she needed assistance with self-administration of medication.

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Interview on at 3:00 pm the Administrator acknowledged that Resident #1 needed more assistance for medication since she came back from the hospital.

Class III

0053 Medication - Administration

Based on observation, record review, and interview the facility failed to ensure that unlicensed staff only provided assistance with self -administration of medications. The facility failed to ensure that licensed personnel administered medications to 1 out of 6 (#1) sampled residents.

Findings included:

Medication pass observations on at 12:00 pm revealed that Staff A administered Resident #1's medication. Staff A took the medication inside of the cup and placed it into Resident #1's mouth. Resident #1 swallowed the pill with water. Resident #1 was not able to take the medication herself.

Record review on revealed that Resident #1's health assessment (Form 1823) signed on indicated that she needed assistance with self-administration of medication. Record review to MOR revealed that residents medications were singed Staffs (A & B).

Interview on at 12:15 pm revealed that Staff A admitted that she had to help the Resident #1 with the medication since she came back from the hospital.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview the facility failed to dispose discharged residents' medications.

Findings included:

Observations during the facility tour on at 9:00 am revealed that there were two bags in the food storage full of medications that belonged to discharged residents.

Interview on at 11:00 am the Administrator acknowledged that there were discharged residents' medications in the facility that needed to be disposed.

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Class III

0078 Staffing Standards - Staff

Based on observation, record review, and interview the facility failed to ensure that one out of four (Staff B) staff had a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable .

Findings included:

Observation on at 9:30 AM revealed that Staff B providing care and assisting a census of 6 residents.

Record review on at 11:00 AM revealed that Staff B was hired on . The facility failed to have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable .

Interview on at 11:20 AM the Administrator and Staff A acknowledged that Staff A did not have the statement.

Class III

0081 Training - Staff In-Service

Based on record review and interview the facility's personnel records did not include evidence of in-service training for one out of three sampled Staff (Staff A).

Findings included:

Facility record review on revealed Staff A (hire date / /) did not include evidence of Elopement Response Training and Emergency Preparedness & Evacuation Training.

On at 2:00 pm the Administrator stated "I did not know that Staff A was missing some training, I was working on the records getting them ready for inspection."

Class III

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0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview the facility failed to have 2 hour training for self-administration of medication assistance for one out of three (Staff B) Staff sampled.

Findings included:

Personnel record review on revealed that Staff B (hired on) last in-service was on / (4 hours).

Interview on at 9:06 am Staff B revealed that she assisted with self-administration of medications to all the facility's Residents.

An interview with the Administrator on at 11:30 am he acknowledged that Staff A did not have an update of the self-administration of medication in-service.

Class III

0085 Trainina - Nutrition & Food Service

Based on observation, record review, and interview the facility failed to have documentation that one out of three (Staff B) staff received 2 hours of nutrition and food service training.

Findings included:

Observation on at 11:25 AM showed Staff B preparing and serving the lunch to Residents #1 and 2.

Record review on revealed that the Staff B did not have documentation of receiving 2 hours of nutrition and food service training. Staff B's last training was dated .

Interview on at 11:30 AM with Administrator revealed that Staff B did not have the training in the facility at time of survey.

Class III

0162 Records - Resident

Based on record review and interview the facility failed to have signed consent forms for unlicensed staff

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to assist with self- administration of medication for one out of six (#1) sampled residents.

Findings included:

Record review on revealed that Resident #1 did not have a signed consent form for unlicensed staff to assist with self-administration of medications.

Interview on at 1:44 pm the Administrator confirmed the facility did not have a signed consent for unlicensed staff to assist with self-administration of medications for Resident #1.

Class III

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 Standard Biennial licensure survey that was conducted on , 2015 by representative(s) 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(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

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