STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922332	07/13/2015
NAME OF PROVIDER OR SUPPLIER **LOVING CARE RETIREMENT SERVICE**	STREET ADDRESS, CITY, STATE, ZIP CODE **380 NW SOUTH RIVER DRIVE** **MIAMI, FL 33128**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2015. Loving Care Retirement Service with Limited Mental Health component had the following deficiencies found at time of the survey.

0026 Resident Care - Social & Leisure Activities

Based on observation, record review and interview the facility failed to have an activities calendar posted in common area and failed to encourage the residents to participate in social, recreational, educational and other activities within the facility and the community.

Findings included:

Observations made on / at 10 AM during tour found no activities calendar posted in the facility. Residents were observed through out the day sitting outside, smoking cigarettes, watching television, and walking around the facility.

Interview with Resident #2 on at 12:53 PM stated, "I can't find anything to do except watch TV. I go to program. We use to have a that come out and give bingo games.

Interview at 11:10 AM on / with resident #1 stated, "I go to program."

Interview with Resident #3 on at 12:41 PM stated, "No, I don't do anything."

Interview with Resident #5 on at 12:53 PM stated, "I go to the program. Once a week. I enjoy it. I just go to sleep when I'm here. They have a lady that use to come here. I haven't seen here 4-5 months."

Interview with the Administrator on at 3:00 PM stated, "I do not have a activity calendar. We hired a company who come three time a week to do activities with them. They other day I usually do it. Today was an odd day."

Class III

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to ensure the administrator have a a high school diploma or G.E.D.

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Findings include:

Internet search done on / of facility finder indicates Staff A as the administrator.

Record review of Staff A (administrator) had no proof of high school diploma in her personnel file.

Interview with the Administrator on at 3:00 PM stated, "I have one. I will make a copy and place it in my file tomorrow." .

Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to ensure qualified staff have proof of a negative examination documented on an annual basis for six out of six (#A, B, C, D, E, and F) .

Findings included:

Observations made on found Staff A, B, and C assisting with cleaning residents , cooking and preparing residents meals, assisting with medications, and cleaning the facility.

Record review found that Staff A (hired), Staff B (hired / /), Staff C (hired /), Staff D (hired /), Staff E (hired), and Staff F (hired /) did not have a proof of a negative examination documented on an annual basis. The last written statements shows communicable including dated and expired .

Interview on / at 3:15 PM the Administrator stated, " Everyone is schedule to get them done this Friday."

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observations and interview facility failed to ensure the wall are maintained.

Findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
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Observations on at 10:00 AM during the tour of the facility found # has a crack wall near bed and window. A crack on the wall near the . A broken headboard on bed near the window.

Interview with the facility's Administrator on at 3:15 PM acknowledge damage and stated, "I will repair it."

Class III

0160 Records - Facility

Based on record review and interview the facility failed to conduct and have the facility's elopement response drills documented and a current county health department inspection report.

Findings included:

Record review of the elopement file showed the policies and procedures. There were no elopement drills done for the last nine years. The last drills conducted on . Record review of the sanitation report posted on the wall is dated / / .

Interview with the Administrator on at 3:20 PM stated, "I have never done that." and " They came to do the sanitation inspection but we never received the paperwork."

Class III

L241 LMH - Records

Based on record review and interview the facility failed to maintain an up-to-date admission and discharge log which identifies the mental health residents.

Findings included:

Record review on / at 10:30 PM of the admission and discharge log did not have any residents check off and identified as receiving limited mental health services.

Interview on at 3:30 PM acknowledge the limited mental health residents are not identified on the admission and discharge log.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

L243 LMH - Training

Based on record review and interview, the facility failed to ensure the staff who are in direct contact with mental health residents receive the 6 hours minimum training approved by the Department of Children and Families Services for one out of six (#F) sampled staff.

Finding included:

Record review conducted on revealed Staff F (hired / /) did not have documentation of completed the minimum 6 hours training.

Interview with the administrator on / / at 3:30 PM acknowledged Staff F "did not have the training's for LMH because he scheduled to take it on 22. 2015."

Class III

Z815 Background Screening: Prohibited Offenses

Based on record review, and interview the facility failed to ensure that one out of six (#B) sampled staff had documentation of compliance with level 2 background screening every 5 years.

Findings included:

Record review on showed that Staff B (hired / /) did not have documentation of level 2 background screening after 5 years. A Internet search of Background Screening was completed on showed " A New Screening is Required". The last background screening done on file was eligible on .

Interview with the Administrator on at 4:00 PM acknowledge Staff B needs an updated background screening.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Loving Care Retirement Service
380 Nw South River Drive
Miami, FL 33128

Dear Administrator:

This letter reports the findings of a Standard Biennial 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton /er

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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