STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968482	R 09/02/2015

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)

0000 Initial Comments

An unannounced follow-up to the biennial licensure survey was conducted at Loving Angels Assisted Living on 2, 2015.
Deficiencies were identified.

0008 Admissions - Health Assessment

Based on a review of resident records, and interview with staff, the faclity failed to obtain complete information on the Resident Health Assessment for 1 of 3 sampled residents (Resident #2) whose records were reviewed.

The findings included:

A record review conducted for Resident #2 found she had a Resident Health Assessment (AHCA form 1823) dated and signed by the examiner. On the face page of the assessment, the examiner omitted the resident's height and weight. The examiner indicated Resident #2 required assistance with the self-administration of medications, however failed to specify the level of assistance she required.

An interview and record review was conducted with the Administrator at 1:00 pm on / . She reviewed the assessment and confirmed it was not complete.

This was previously cited at the biennial licensure survey conducted by a representative of this office on

Class III

0054 Medication - Records

Based on a review of resident records, and interview with the Administrator, the facility failed to maintain a completed Medication Observation Record (MOR) for 1 of 5 residents (Resident #2) whose MORs were reviewed.

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The findings included:

Review of the Medication Observation Record (MOR) for Resident #2 found she received , 325 milligrams (mg) every 8 hours, and ( ) 10 mg every night at bedtime. The boxes for each of these medications were not initialed on / at 8:00 pm indicating Resident #2 received her or her at bedtime.

An interview was conducted with the owner and with the Administrator at 1:00 pm on / . They reviewed the MOR and confirmed the omissions.

This was previously cited at the biennial licensure survey conducted by a representative of this office on .

Class III

0077 Staffing Standards - Administrators

Based on resident and employee record reviews, and interview with staff, the Administrator failed to exercise supervision over the operation of the facility and the provision of care to the residents as required by Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter.

The findings included:

Record reviews for Resident #2 and personnel file reviews for Employees A, B, D and AA found the Administrator failed to correct deficiencies identified in the bienniel licensure survey conducted on by a representative of this office.

Cross Reference A0008, A0054, A0081, A0090, A0161, A0162, and Z815.

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SUMMARY STATEMENT OF DEFICIENCIES
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This was previously cited at the biennial licensure survey conducted by a representative of this office on 6/25/15.

Unclassified

0081 Training - Staff In-Service

Based on a review of employee files, and interview with staff, the facility failed to provide the required in-service training for 3 of 4 sampled employees whose files were reviewed (Employees B, D and AA).

The findings include:

A personnel file review for Employee B found she was hired as a caregiver on . Further review of the record found she had not received the required one-hour training within 30 days of hire in reporting major and adverse incidents, resident rights, facility emergency procedures including chain of command, or recognizing and reporting . There was no documentation that Employee B received training in the facility's elopement policies and procedures, or the one-hour training in safe food handling practices (there were no times documented on the certificates).

A record review for Employee D revealed she was hired / as a caregiver. She received the required trainings on reporting major and adverse incidents, resident rights, facility emergency procedures, recognizing and reporting , elopement policies and procedures, and safe food handling on ; however, there were no times noted on the certificate(s).

Record review for Employee AA found she was hired on as a caregiver. There was no documentation in the employee file that she received the required in-service training in incident reporting, or the required one-hour training in safe food handling practices.

An interview was conducted with the Administrator at 1:00 pm on . She reviewed the files for Employees B, D and AA and confirmed the missing trainings and information.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968482	R 09/02/2015

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LOVING ANGELS ASSISTED LIVING INC	9 RAMBLE WAY PALM COAST, FL 32164

SUMMARY STATEMENT OF DEFICIENCIES
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This was previously cited at the biennial licensure survey conducted by a representative of this office on .

Class III

0090 Training -

Based on a review of personnel files, and interview with the Administrator, the facility failed to provide of receipt of the required one-hour training in the facility's policies and procedures regarding ( ) within 30 days of employment for 3 of 4 sampled employees whose records were reviewed (Employees A, B, and AA).

The findings included:

A personnel file review conducted for Employee B found she was hired as a Caregiver on . She received training in the facility policies and procedures regarding on ; however, there was no documentation on the certificate that the duration of the course was at least one hour.

A personnel file review conducted for Employee D found she was hired as a Caregiver on . She received training in the facility policies and procedures regarding on ; however, there was no documentation on the certificate that the duration of the course was at least one hour.

A personnel file review conducted for Employee AA found she was hired as a Caregiver on . She received training in the facility policies and procedures regarding on ; however, there was no documentation on the certificate that the duration of the course was at least one hour.

An interview was conducted with the Administrator at 1:00 pm on . She reviewed the files for Employees B, D and AA and confirmed the missing training duration..

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968482	R 09/02/2015
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
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This was previously cited at the biennial licensure survey conducted by a representative of this office on 6/25/15.

Class III

0161 Records - Staff

Based on a review of employee records, and interviews with staff, the facility failed to maintain personnel records that contained documentation of background screening and compliance with all training requrements for 4 of 4 sampled employees (Employees A, B, D and AA) .

The findings included:

A personnel file review conducted for Employee A revealed she was hired on / / as a Caregiver. She had an employment application dated , which did not reflect any employment in the 90 days prior to hire. Employee A's Level 2 background screening eligibility date was / . A new Level 2 was required to be obtained prior to hire due to the gap in employment for Employee A.

A personnel file review for Employee B found she was hired as a caregiver on . Further review of the record found she had not received the required one-hour training within 30 days of hire in reporting major and adverse incidents, resident rights, facility emergency procedures including chain of command, or recognizing and reporting . There was no documentation that Employee B received training in the facility's elopement policies and procedures, or the one-hour training in safe food handling practices (there were no times documented on the certificates). Employee B had an employment application dated , which did not reflect any employment in the 90 days prior to hire. Employee B's Level 2 background screening eligibility date was / . A new Level 2 was required to be obtained prior to hire due to the gap in employment for Employee B.

A record review for Employee D revealed she was hired / as a caregiver. She received the required trainings on reporting major and adverse incidents, resident rights, facility emergency procedures, recognizing and reporting , elopement policies and procedures, and safe food handling on ; however, there were no times noted on the certificate(s).

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	AL11968482	R 09/02/2015

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)

Record review for Employee AA found she was hired on /15 as a caregiver. There was no documentation in the employee file that she received the required in-service training in incident reporting, or the required one-hour training in safe food handling practices. She received training in the facility policies and procedures regarding on / ; however, there was no documentation on the certificate that the duration of the course was at least one hour.

An Interview with the Administrator and the owner at 12:55 pm on revealed they still did not understand the requirements for obtaining a new Level 2 background screening on any new employee with a 90 or more day gap in employment prior to being hired. The regulation and the employees applications were reviewed and explained to them. They acknowledged the requirement for a new Level 2 screening for Employees A and B. During an interview at 1:00 pm on , the Administrator reviewed the files for Employees B, D and AA and confirmed the missing evidence of the required training 's duration..

This was previously cited at the biennial licensure survey conducted by a representative of this office on

Class III

Z815 Backaround Screenina: Prohibited Offenses

Based on a review of employee records, and interview with the owner and the Administrator, the facility failed to obtain a new Level 2 background clearance on hire for 2 of 3 sampled employees reviewed for background screening (Employees A and B).

The findings included:

A personnel file review conducted for Employee A revealed she was hired on / as a Caregiver. She had an employment application dated , which did not reflect any employment in the 90 days prior to hire. Employee A's Level 2 background screening eligibility date was / . A new Level 2 was required to be obtained prior to hire due to the gap in employment for Employee A.

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LOVING ANGELS ASSISTED LIVING INC	**9 RAMBLE WAY** **PALM COAST, FL 32164**

SUMMARY STATEMENT OF DEFICIENCIES
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Record review for Employee B found she was hired 4/25/15 as a Caregiver. She had an employment application dated 4/25/15, which did not reflect any employment in the 90 days prior to hire. Employee B's Level 2 background screening eligibility date was / . A new Level 2 was required to be obtained prior to hire due to the gap in employment for Employee B.

An Interview with the Administrator and the owner at 12:55 pm on / revealed they still did not understand the requirements for obtaining a new Level 2 background screening on any new employee with a 90 or more day gap in employment prior to being hired. The regulation and the employees applications were reviewed and explained to them. They acknowledged the requirement for a new Level 2 screening for Employees A and B.

This was previously cited at the biennial licensure survey conducted a representative of this office on .

Unclassified

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11968482	A. Building B. Wing	9/2/2015

Name of Facility	Street Address, City, State, Zip Code
LOVING ANGELS ASSISTED LIVING INC	9 RAMBLE WAY PALM COAST, FL 32164

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 A0025 Reg. # 429.26(7) FS; 58A-5.0182(1 LSC	Correction Completed	ID Prefix A0026 Reg. # 58A-5.0182(2) FAC LSC	Correction Completed	ID Prefix A0032 Reg. # 58A-5.0182(8) FAC LSC	Correction Completed
ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed	ID Prefix A0082 Reg. # 58A-5.0191(3) FAC LSC	Correction Completed	ID Prefix A0083 Reg. # 58A-5.0191(4) FAC LSC	Correction Completed
ID Prefix A0084 Reg. # 58A-5.0191(5) FAC LSC	Correction Completed	ID Prefix A0085 Reg. # 58A-5.0191(6) FAC LSC	Correction Completed	ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed
ID Prefix A0162 Reg. # 58A-5.024(3) FAC 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

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor: Gina Meyers	Date: 9/15/15
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	

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 revisit survey conducted on , 2015 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected 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

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

LL/JM/sm
Enclosure

BBT7

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