STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932431	10/19/2015
NAME OF PROVIDER OR SUPPLIER **LOVING CARE LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **76 BRUEN STREET** **SAINT , FL 32095**	

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

0000 Initial Comments

On 19, 2015 a biennial relicensure survey was conducted at Loving Care Assisted Living Facility. Deficient practice was identified during the survey.

0078 Staffing Standards - Staff

Based on record review and staff interview the facility failed to provide evidence of a statement from a qualified health care provider indicating no signs of a communicable for 1 of 3 staff reviewed (Employee C). In addition 2 of 3 staff did not have evidence of freedom from documented annually (Employees A and C).

The findings include:

1. Review of the file for Employee A, with a hire date in /, revealed her most recent test was on with an expiration of . Freedom from must be documented on an annual basis.

2. The file of Employee C, with a hire date of , did not have a statement from a health care provider indicating freedom from communicable and also did not have evidence of a test.

3. During an interview with the Administrator on at 2:50 PM she agreed that Emloyee C did not have a freedom from communible diseasse statement. She also agreed the annual test for Employee A was outdated and that Employee C did not have a test.

Class III

0161 Records - Staff

Based on record review and staff interview the facility failed provide evidence in the employee file of a current Level II background screen for 3 of 3 employees reviewed (Employees A, B, and C)

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SUMMARY STATEMENT OF DEFICIENCIES
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The findings include:

1. The file for Employee A, who is a caregiver and has a hire date of / /, did not contain a printed copy of the AHCA Level II background screen. On the AHCA background screening site it was found Employee A had completed a Level II screen on and the results state "eligible."

2. The file for Employee B who is a caregiver and has a hire date of /, did not contain a printed copy of the AHCA Level II background screen. On the AHCA background screening site it was found Employee B had completed a Level II screen on / and the results state "eligible."

3. The file for Employee C who is a caregiver and has a hire date of did not contain a printed copy of the AHCA Level II background screen. On the AHCA background screening website it was found Employee C had completed a Level II screen on and the results state "eligible."

4. During an interview with the Administrator on at 11:35 AM she stated she had been unable to sign in to the AHCA background screening site and print the Level II background checks. She acknowledged there was no evidence in the staff files for a Level II background check.

Class III

0162 Records - Resident

Based on record review and staff interview the assisted living facility filed to have a consent in the resident records for unlicensed staff to assist with medications for 2 of 2 resident files reviewed. (Residents #1 and #2)

The findings include:

1. The record for Resident #1 was reviewed and there was no consent found for unlicensed staff to assist with medications.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

2. The record for Resident #2 was reviewed and there was no consent found for unlicensed staff to assist with medications.

3. During an interview with the Administrator at 2:00 PM on she agreed there was no consent for unlciensed staff to assist with medications in the files of Resident #1 and Resident #2. She acknowledged the facility did not have the consent for unlicensed staff to assist with medications in any of the resident files.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Loving Care Living Facility
76 Bruen Street
Saint , FL 32095

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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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,

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

JS/JM/sm
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XG90

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