AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968565	09/28/2015
NAME OF PROVIDER OR SUPPLIER **EXTENDING LOVABLE LIVING ASSISTANCE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14514 STORY FORD RD ORLANDO, FL 32832**	

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

0000 Initial Comments

On , a relicensure survey was conducted at Extending Lovable Living Assistance LLC. Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to ensure that 1 of 2 sampled resident records had a completed health assessment that addressed all the required criteria (#1).
Findings:
Resident record review for resident #1 revealed a health assessment report AHCA form 1823 was dated . Continued review revealed the assessment did not indicate whether or not the resident needed assistance with self-administration of medications. That portion of the form was blank.
In an interview with the administrator on at approximately 4 PM who stated the form was overlooked.
Class III

0052 Medication - Assistance with Self-Admin

Based on observations and interview the facility failed to ensure the unlicensed staff who assisted 1 of 1 sampled residents (#3) with self-administration of medications followed the correct procedure.
Findings:
Observations on at approximately 12:30 PM noted staff #A, the administrator, knocked and informed the resident it was time for his medications. She cleansed hands and wore gloves. She took a small paper cup and placed it on top of the med cart. She retrieved the medications from the cart. The medications were dispensed on a multi- unit pack. She read the label and placed the pills inside the cup. She brought he cup to the resident and told him I have your nerve pain, , , gas and . She observed the resident take the medication and then signed the Medication Observation Record (MOR).

0079 Staffing Standards - Levels

Based on observations and interview the facility failed to ensure that a written work schedule which reflected a 24-hour staffing pattern for a given time period was maintained.
Findings:
During the facility tour on / at approximately 9AM staff #B stated the facility census was 3 residents. Observations noted that 2 residents were home, one arrived later in the morning. The resident was out at a doctor's appointment.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968565	09/28/2015
NAME OF PROVIDER OR SUPPLIER **EXTENDING LOVABLE LIVING ASSISTANCE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14514 STORY FORD RD ORLANDO, FL 32832**	

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

Review of the staff schedule dated 2015 revealed the staff schedule listed the administrator's name and staff #B. However the schedule did not indicate the hours each staff were assigned to work. The schedule did not indicate the beginning and the end of each shift.
In an interview with the administrator on at approximately 3 PM who stated the she and her husband lived at the facility and were there almost all the time. There were a few instances were either one went to the store and on occasion to a doctor's appointment, like today. She did not make a staff schedule that indicated when they were in the facility working or out of the facility.
Class III

0093 Food Service - Dietary Standards

Based on observations, interviews and facility menu review the facility failed to ensure that a 3-day supply of nonperishable food, that included long shelf life milk and water that was on hand and available at all times.
Findings:
During the facility tour on at approximately 9:00 AM staff #B stated the census was 3 residents. Resident record review revealed the facility contracted to provide 3 meals daily.
Observations of the emergency food supply on at approximately 12:30 PM noted the facility had 36 ounces of milk and no water available to use in the event of an emergency.
Based on a census of 3 residents and the meals contracted to provide the facility needed 72 ounces of milk (3 days x 3 residents x 24 ounces = 72) and 12 gallons of water (3 resident x 3 gallons of water per resident for 3 days =12).
In an interview with the administrator on at approximately 1 PM who stated she needed to go grocery shopping.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Extending Lovable Living Assistance, LLC
14514 Story Ford Rd
Orlando, FL 32832

RE: Relicensure

Dear Administrator:

This letter reports the findings of a state 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 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(s). Should you have any questions please call Lorriane Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com