STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X3) DATE SURVEY COMPLETED
	AL11968139	R
NAME OF PROVIDER OR SUPPLIER **CR LOVING CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **74 PRINCE MICHAEL LN** **PALM COAST, FL 32164**	

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

0000 Initial Comments

"Revised Copy"

A follow-up visit to a biennial survey was conducted at Cr- Loving Care Assisted Living Facility on . Cr- Loving Care Assisted Living Facility had deficiencies at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and staff interview, the facility failed to update the Florida Health Assessment Form (1823) for a significant change / or every 3 years for 2 residents (Resident #4 and Resident #3) out of 3 Residents records that were sampled.

The findings include:

1) A record review was conducted for Resident #4 and it revealed an 1823 form dated which indicated the resident was needing a pureed diet with thickened liquids and calorie controlled diet. In addition the physician did not indicate the type of assistance the resident required for medication assistance.

An interview was conducted with the owner on at 10:25 AM who stated, "I told the last surveyor that it was a mistake; he doesn't need that diet. I didn't know that I needed to get a new 1823 done".

2) A record review was conducted for Resident #3 which revealed an admission date of / . A Florida Health Assessment form was signed by the physician and dated . In Section II the physician marked Yes for Resident #3 requiring total help with Medication Administration for taking his medication.

A review was conducted of the Medication Observation Record and it revealed Resident #3 received assistance with his medications by Medication Techs and not a nurse.

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	AL11968139	R
NAME OF PROVIDER OR SUPPLIER **CR LOVING CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **74 PRINCE MICHAEL LN** **PALM COAST, FL 32164**	

SUMMARY STATEMENT OF DEFICIENCIES
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An interview was conducted with the owner on at 11:20 AM who confirmed the 1823 was dated and stated, " I didn't realize I needed to get a new one every 3 years". The owner also confirmed the facility uses Medication Technicians to assist residents with medications and does not have a nurse at the facility to administer medications to the residents.

Class III

0078 Staffing Standards - Staff

Based on employee record review and staff interviews, the facility failed to have documentation by a health care provider stating an Employee is free of any sign and symptoms of communicable . In addition the employee failed to obtain a negative test within 30 days of employment for 1 employee (Employee D) out of 4 Employee files that were sampled.

The findings include:

An employee record review was conducted for Employee D, and it revealed a hire date on , and a test with negative results dated .

An interview was conducted with Employee D on at 10:30 AM and she confirmed that she has not received a current test and the last one she had done was on .

Class III

0081 Training - Staff In-Service

Based on record review and staff interviews, the facility failed to have staff trained in Emergency Procedures including chain of command and staff roles relating to emergency evacuation, incident reporting, resident rights, recognizing, reporting , neglect and , and training for 1 Employee (Employee B) out of 4 employee files that were reviewed.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968139	R 10/29/2015
NAME OF PROVIDER OR SUPPLIER **CR LOVING CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **74 PRINCE MICHAEL LN** **PALM COAST, FL 32164**	

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

The findings include:

An employee record review was conducted for Employee B and it revealed certificates for Emergency Procedures, Incident reporting, resident rights, recognizing , neglect and and training dated given by Employee D.

A record review was conducted for Employee D and it revealed a hire date of and a CORE training certificate of completion dated /

An interview was conducted with the owner on and she confirmed the date on the certificate for Employee B was done in error. She stated " Employee D put down the wrong date". She also confirmed Employee D as of today's date had not passed her CORE testing.

An interview was conducted with Employee D on and she confirmed her date of hire was and she had not passed her CORE testing and the date she entered on the certificate for Employee B was not accurate.

Class III

0093 Food Service - Dietary Standards

Based on observation and staff interview, the facility failed to post substitutions for residents to see 1 hour prior to meal being served and failed to obtain a log of those substitutions for 6 months affecting all 4 residents on the current census.

The findings include:

A review was conducted of the weekly menu which was posted in the dining the facility. The

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968139	R
NAME OF PROVIDER OR SUPPLIER **CR LOVING CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **74 PRINCE MICHAEL LN** **PALM COAST, FL 32164**	

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

items listed to be served for lunch were meatballs, spaghetti with tomato sauce, Parmesan cheese, zucchini, garlic bread, fresh fruit cup and milk.

An interview was conducted with the owner on at 11:05 AM and she verified there would be a substitution for the noon meal of tuna casserole, green beans, ice cream and juice. The owner was asked at that time where the substitution was posted. The owner directed this surveyor to 2 pieces of paper that were posted on the wall in the dining the words in capital letters "SUBSTITUTION" and another that was titled "Substitution List". The days of the week were listed on the top of the papers with various entries listed with no dates or when substitutions were being or have been made. The owner was asked at this time what days/meals the substitutions were made and was not able to say.

An interview was conducted with Resident #3 on at 11:08 AM and she was asked if she knew what was being served for lunch. The resident replied, "No, it's always different. We had fish and chips yesterday for lunch".

An observation was conducted on at 11:05 AM of the owner entering the substitution for the noon meal on the piece of paper.

An interview was conducted with the owner on at 11:10 AM and she was asked where the fish and chips was entered for Wednesday ( ). The owner confirmed it was not listed and she doesn't keep a substitution log daily. "I just list items we normally substitute here on this piece of paper. I didn't know I needed to keep a log" .

An observation was conducted on at 11:50 AM of the noon meal and the residents were served tuna casserole, green beans, ice cream and juice.

Class III

AH Form Approved

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11968139	A. Building B. Wing	10/29/2015

Name of Facility	Street Address, City, State, Zip Code
CR LOVING CARE INC	74 PRINCE MICHAEL LN 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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0055 Reg. # 58A-5.0185(6) FAC LSC		ID Prefix A0080 Reg. # 429.52(1-2) FS: 58A-5.0191 LSC		ID Prefix A0083 Reg. # 58A-5.0191(4) FAC LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor: [signature]	Date: 12-2-15
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
CR Loving Care, Inc.
74 Prince Michael Lane
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2015 by a representative 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 , 2016.

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, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

AF/JM/sm
Enclosure

BBT7

Jacksonville Field Office
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