STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966338	03/17/2016
NAME OF PROVIDER OR SUPPLIER **J C LOVING HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **781 EAST 45 STREET** **HIALEAH, FL 33013**	

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

0000 Initial Comments

A Complaint Survey (CCR# 2016002199) was conducted on - . JC Loving Home had the following deficiencies identified at the time of the survey:

0052 Medication - Assistance with Self-Admin

Based on observation and record review, the facility failed to follow the correct procedure when assisting two of six residents with self administration of medication.

Findings included:

On at 6:47 am, Observed staff (C) administer medication to Resident (#1) medication was administered to resident, but staff looked away and did not observed to assure if medication was taken.

On at 6:50 am Observed Staff administer medication to Resident (#2), staff again looked away without assuring medication was taken

Record review showed that staff did not sign medication record until after the last medication was taken by the last resident assisted.

Record review showed that medications were scheduled to be taken at 8:00 AM. Medications were given more than one hour before the scheduled time.

Class III

0055 Medication - Storage and Disposal

Based on record review and interview, the facility failed to record a disposal list, or to obtain a signatures verifying return of of medications for one of six sampled residents (Resident #6) when the resident was discharged from facility.

Findings included:

Record review revealed resident (#6) was discharged from the facility on .

Record review showed that the medications prescribed for Resident #6 were: 500 mg/

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20 mg/Desyrel 50 mg/ Aturax 50 mg.

Record review showed that at the time of Resident (#6)'s discharge from the facility, none of these medications were documented as returned to the resident on the day of being discharged from the facility.

There are no documents stated that the medications were ever returned to the Pharmacy in the facility files at the time of the survey on -

on - at 6:00 Am, Staff # C stated regarding Resident (#6)'s medications on his discharge from the facility on , that she had destroyed the medications by pouring bleach on them, then throwing them away.

On - at 7:00 AM , Staff #B stated that the medications were given back to the Pharmacy, but there was no documentation that the resident (#6) had received the medications.

Class III

L242 LMH - Responsibilities of Facility

Based on record review and interview, the facility failed to record and communicate observations about changes in resident behavior to the case manager or mental health care provider for one of six sampled residents (Resident #6). The resident refused to take medications for two weeks, left the facility to live with a friend, and returned to live at the facility, staying two days before leaving again and being hospitalized. The resident ' s case manager and mental health provider were not informed of these changes.
Findings:
A review of the facility ' s admission and discharge log showed that Resident #6 lived at the facility from / to .
At 7:06 am on , Staff #B stated that Resident # 6 " never wanted to be at the facility. He was in and out. He didn ' t want to pay, and left saying he was going to live with his partner. He came back in mid- saying that he had a fight with his partner. He stayed a couple of days and left again. "
Staff # B further stated that Resident #6 was in and out of the hospital.
A review of Resident #6 ' s Medication Observation Record (MOR) revealed that the resident did not take medications during his stay at the facility from / to .
A review of Resident #6 ' s record showed that the resident talked about wanting to leave the facility and live on his own.
Record review showed no documentation that Resident #6 ' s case manager or mental health provider

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were advised about the resident ' s refusal to take his medication, his moves in or out of the facility, or his hospitalizations.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
J C Loving Home
781 East 45 Street
Hialeah, FL 33013

RE: CCR #2016002199

Dear Administrator:

This letter reports the findings of a complaint state licensure survey that was conducted on , 2016 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 , 2016.** 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo Davis, RN
Field Office Manager

AMD/sb
Enclosure 2016002199
XG90

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