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 Standard Biennial survey was conducted on through at J C Loving Home Assisted Living Facility, with (LMH) Limited Mental Health component. There were deficiencies found at the time of the visit:

0080 Training - Core & Competency Test

Based on record review and interview the Administrator failed to provide documentation of having completed the required 12 hours of Continued Education related to Assisted Living every two years.

Findings:

A review of the personnel file revealed Employee (A) Administrator started on . Employee (A)'s Core training was dated on , There was no documentation showing that the 12 hours of Continued Education on topics related to Assisted Living in the file at the time of the survey.

On at 2:00 PM, Employee (B) stated she will inform the Administrator (employee A) to schedule a time for the training.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances were maintained in good working order. Portions of the rear roof of the facility's faceboards/eves and the facility rear wall needed to be repaired.

Findings included:

Observation of the facility's rear areas on at 9:50 am revealed that the roof panels and eves were rotten and had been painted over. On many of the face boards showed damage from old weathered rotting wood. (Photos were taken of each of the areas found at the time of the survey.) On one portion of the rear wall of the facility observed a crack going across it. (Photo was taken)

On at 2:00 PM, Staff (B) confirmed the findings and stated that the Administrator would be notified of the findings.

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Class III

0162 Records - Resident

Based on record review and interview facility failed to have a completed Resident Demographic information sheet for one out of eight sampled Residents (#7).

Record review revealed that Resident (#7)'s Demographic information sheet was incomplete in these areas: /Race left blank. Residents place of birth (blank),

Residents Occupation/Martial Status/ Spouse's name/ Fathers name and Mother's name all were (blank). In the area for Emergency Contact name/Relationship/address (no address number listed. In case of an emergency for Residents family member did not provide an address on the document.

Caretaker (B) on at 2:00 PM in stated the Administrator shall be advised that Residents Demographic information document needs to be completed at the time of admission to the facility at all times.

Class III

Z814 Backaround Screenina Clearinahouse

Based on record review and interview facility failed to list five of five Employees Administrator and Employees # A, B, C, D) on the Background Screening Clearinghouse Roster.

Findings included:

A review of the Background Screening Clearinghouse Roster revealed that none of the five sampled Employees had their names/screening results listed.

Record review revealed Employee (A) started on and the level II background screening was dated . Employee (B) started on - and the level II screening was dated - . Employee (C) started on - and the level II screening was dated . Employee (D) started on and the level II background screening was dated - .

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On at 3:00 PM Caretaker B stated that she will inform the Administrator on the findings for the Employee Background Level II Roaster

UNCLASSIFIED

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a 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 Supervsior at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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