STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953579	**03/09/2016**
NAME OF PROVIDER OR SUPPLIER **SMILES & LOVING CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1065 GARDEN ROAD MERRITT ISLAND, FL 32952**	

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

0000 Initial Comments

Re-licensure survey was conducted on . . . . . Smiles & Loving Care had deficiencies found at the time of the visit.

0010 Admissions - Continued Residency

Based on observation, record review and interview the facility failed to update a resident health assessment (AHCA 1823) after a significant change (hospice admission) for 1 of 2 sampled residents (#1).

Finding:

On . . . . . at 10:35 a.m. resident #1 was observed having breakfast at the dining under a staff supervision. The administrator stated the resident was on hospice.

A review of resident #1's record revealed she was admitted to the facility on / . The only health assessment (AHCA 1823) found in her chart, dated / / did not reflect hospice services. There was not any documentation in her chart showing hospice information such as admission date, diagnosis, and hospice plans of care.

On at 2:45 p.m. the administrator stated that the resident was admitted to hospice in 2014. He acknowledged that he had not obtained an updated health assessment after resident #1 was admitted to Hospice. He confirmed did not keep hospice file in the facility.

Class III

0025 Resident Care - Supervision

Based on record review and interview, the facility failed to maintain a written record showing the facility had offered personal supervision to 2 of 2 sampled residents (#1 and #2).

Findings:

1. On . . . . . at 10:35 a.m. resident #1 was observed having breakfast at the dining under a staff supervision. The administrator stated that the resident was a hospice resident.

A review of resident#1's record revealed she was admitted to the facility on / . The resident's

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health assessment (AHCA 1823) dated I/ I/ listed her diagnoses of with paranoia and hallucination, and . There was no documentation in her chart showing hospice information such as admission date, diagnosis, hospice plans of care and hospice services provided to the resident. There were not any documentation of the resident's observation and supervision kept after the resident's admission in 2014 to hospice.

On at 2:45 p.m. the administrator stated that since the resident #1 was admitted to hospice, he had not written anything down in the resident's chart. The hospice agency kept its file and did not leave it at the facility. He confirmed that he had not kept any documentation regarding resident's supervision.

2. A review of resident#2's chart revealed the resident had started to receive home health services for physical due to , on . There was no documentation regarding the home health services/visits or resident's condition and well beings.

On at 5:00 p.m. the administrator confirmed that he had not kept information regarding Resident #2's well beings.

Class III

0078 Staffing Standards - Staff

Based on observation, record review and interview, the facility failed to ensure a staff was qualified to perform his/her assigned duties consistent with his/her level of education and training. (B).

Findings:

On at 11:50 a.m. during medication pass observation, Staff B dispensed Resident #1's pill from its bottle into a spoon and held the spoon to the resident's lips and patiently fed the pill into the resident's mouth. He prompted the resident to drink water after the pill.

A review of resident #1's record revealed a health assessment dated I/ I/ (AHCA Form 1823). Resident #1's diagnoses included but were not limited to with paranoia and hallucination, and . The health assessment showed the resident needed assistance with medication administration.

At 11:50 a.m. the administrator stated resident #1 was a hospice resident. He confirmed that Staff B who was not a nurse assisted the resident with medication administration.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2016

Administrator
Smiles & Loving Care
1065 Garden Road
Merritt Island, FL 32952

RE: Re-licensure

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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

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