STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967289	03/29/2016
NAME OF PROVIDER OR SUPPLIER **AJR LOVING CARE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **5900 DEAN ROAD** **OVIEDO, FL 32765**	

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

0000 Initial Comments

Re-licensure survey with Limited Nursing Services (LNS) was conducted on . AJR Loving Care Assisted Living Facility had deficiencies found at the time of the visit.

0010 Admissions - Continued Residency

Based on record review and interview the facility failed to obtain a new health assessment when 1 of 2 residents (#1) was admitted to hospice.
Findings:
During the facility tour on at 9:15 AM resident #1 was identified as under the care of hospice.
Record review for resident # 1 revealed he was admitted to hospice on / / . The review revealed AHCA forms 1823 dated / and / . A health assessment conducted when the resident exhibited a significant changed that required admission to hospice was not available.
In an interview on at 2 PM with the Manager, who stated she was not aware that a new 1823 was needed.
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 (#1) with self-administration of medications followed the correct procedure.
Findings:
Observations on at 9:15 AM, staff A retrieved the medications. She poured the medications in a cup including gummy and attempted to crush. She poured the medications in a cup and got a cup of yogurt. She brought the medications and the yogurt to the resident and handed him the cup and the yogurt and helped him mix the medication with the yogurt. He fed himself. She did not read the label out loud to resident. In an interview with staff A on at 9:20 AM who stated she knew she should read the label to the resident because the resident did not know anyway. She did not tell him he was taking medications.
In an interview on at 4:30 PM with the Manager who, offered no comment.
Class III

0055 Medication - Storage and Disposal

Based on observations and interview the facility failed to ensure medications were kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times.
Findings:

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Observations on at 4 PM; Staff A opened the door that lead from the dining area to the garage without a key. She retrieved a bag of medications for resident #2 from a refrigerator that was in the garage. The refrigerator was not locked, nor were the medications.
In an interview with the Manager on 3 / at 4 PM who confirmed the findings and stated she was aware the medications were not secure.
Class III

0056 Medication - Labeling and Orders

Based on observations, interviews and record review the facility failed to only store a prescription drug for self- administration or administration unless it was properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C, for 1 of 2 sampled residents (# 2).
Findings:
In an interview with Resident #2 on at 10:15 AM, who stated she was on , the staff assisted her with her medications. She added she checked her finger sticks (sugars) and if she need more she would get more .
Resident record review resident #2 revealed a prescription dated / that indicated per sliding scale. The review revealed no evidence to confirm the facility obtained clarification of the order, as to what where the parameters used to help the resident determine when she needed addition .
Observations of the resident's refrigerated medications noted 14 syringes filled with a clear fluid. The plastic bag was not labeled; nor were the syringes.
In an interview with Staff A on / at 4 PM, who stated the syringes were . The resident's daughter pre-filled the syringes.
In an interview with the Manager on 3 / / at 4 PM who confirmed the findings and stated she was unable to locate a sliding scale order for the .
Class III

0077 Staffing Standards - Administrators

Based on observations, interview and personnel record review the facility did not make sure the Manager satisfied all the Core training requirements. "Manager" means an individual who was authorized to perform the same functions of the administrator, and is responsible for the operation and maintenance of an assisted living facility while under the supervision of the administrator of that facility.
Findings:
During the facility entrance on at approximately 9:15 AM staff A stated the owner would come shortly. The co-owner (Staff C) introduced herself as the facility manager and facilitated information and records.

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Personnel record review for staff C, revealed no evidence she had attended the Core training.
In an interview with the Manager, on at approximately 4:30 PM, who stated she took the Core training, but did not take the exam yet.
Class III

0078 Staffing Standards - Staff

Based on personnel record review and interview the facility failed to ensure 1 of 4 personnel records (B) contained a healthcare provider statement that indicated freedom from ( ) yearly.
Findings:
Personnel record review for staff B, revealed a chest x- ray report dated that indicated freedom from . Continued review revealed no evidence to confirm freedom from for 2016.
In an interview on at 4:30 PM with the Manager, who stated she had no further documentation.
Class III

0079 Staffing Standards - Levels

Based on observations, record review and interview the facility did not make sure a written work schedule that reflected its 24-hour staffing pattern for a given time period was maintained.
Findings:
Review of the facility's staff schedule provided by the facility, noted it was a calendar. The calendar/schedule listed names of the staff who worked each of the days of the week but did not indicate the hours each staff was assigned or actually worked.
In an interview on at 2 PM with the Manager, who stated she did not know the staff hours needed to be listed on the schedule.
Class III

0081 Training - Staff In-Service

Based on personnel record review and interview the facility did not provide or arrange for 2 of 4 sampled staff (A & B) to attend the mandated in-service training.
Findings:
Personnel record review for staff A revealed she was a care giver and was hired in 2015.
Continued review revealed no evidence to confirm she attended the following training:
1. 1-hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents. 2. 3-hours of in-service training regarding: Resident behavior and needs. Providing assistance with the activities of daily living. There was no evidence she was a nurse, Home Health Aide, or Certified Nursing Assistant therefore exempt from the above listed in-services.

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2. There was no evidence to confirm she attended: 1. 1-hour in-service training regarding Resident Rights in an assisted living facility; Recognizing/Reporting /neglect/ ; 2. 1-hour-in-service training within 30 days of employment in safe food handling practices and 3. 1-hour in-service training regarding the facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation and major incident reporting. There was evidence to confirm she attended the CORE training and was therefore exempt from the above listed in-service training.

3. There was no evidence to confirm she attended an in-service training regarding the facility's elopement response policies and procedures.

Personnel record review for staff B, revealed she was hired since 2011. Continued review revealed no evidence to confirm she attended 1-hour in-service training regarding: 1. the facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation and major incident reporting; 2. Recognizing/Reporting /neglect/ . There was evidence to confirm she attended the CORE training and was therefore exempt from the above listed in-service training.

In an interview on at 4:30 PM with the Manager who, after looking over the personal record, offered no comment.
Class III

0082 Training - /

Based on personnel record review and interview the facility did not provide or arrange for 1 of 4 sampled staff (A) to attend the required education course on / (/) within 30 days of employment.

Findings:
Personnel record review for staff A revealed she was hired in 2015 and was a caregiver. Continued revealed no evidence to confirm a one-time education course on and , within 30 days of employment. The review revealed she was not a nurse, therefore exempt from the requirement.
In an interview on at 4:30 PM with the Manager who, after looking over the personnel record, offered no comment.
Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on observations, record review and interview the facility did not make sure 2 of 4 sampled staff (A & B) who assisted residents with self-administration successfully completed a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe

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medication practices in an assisted living facility.
Findings:
Observation on at 9:15 AM noted staff A assisted resident #1 with self-administration of medication.
Personnel record review on for staff A revealed she attended the initial 4-hour training on . There was no documentation to confirm that she had completed a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility, yearly thereafter.
Personnel record review on for staff B revealed she attended the initial 4-hour training on .
There was no documentation to confirm that she had completed a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility, yearly thereafter.
In an interview on at 4:30 PM with the Manager who, stated the staff attended a class but she did not have training certificates.
Class III

0085 Training - Nutrition & Food Service

Based on record review and interview the facility failed to ensure the person in charge of food services (staff D) completed 2 hours of continuing education annually in topics pertinent to nutrition and food service.
Findings:
Personnel record review staff D (the administrator) revealed a certificate dated / / that indicated she had completed 2 hours of continuing education annually regarding nutrition and food service in an assisted living facility. There was no documentation to confirm that she had completed 2 hours of continuing education annually in 2014, 2015 and 2016.
In an interview on at 4:30 PM with the Manager who, offered no comment.
Class III

0090 Training -

Based on personnel record review and interview the facility did not provide or arrange for 2 of 4 sampled staff (A & C) to attend an in-service training regarding the facility's ( ) policies and procedures.
Findings:
Personnel record review for staff A revealed she was hired in 2015 and was a caregiver.
Continued review revealed no evidence to confirmed she attended an in-service training regarding a 1-hour in-service training regarding the facility's policies and procedures.

AGENCY FOR HEALTH CARE ADMINISTRATION

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Personnel record review for staff C, the co-owner/manager revealed no evidence to confirm she attended an in-service training regarding a 1-hour in-service training regarding the facility's policies and procedures.
In an interview on at 4:30 PM with the Manager who, after looking over the personnel record, offered no comment.
Class III

0093 Food Service - Dietary Standards

Based on observations, record review and interview the facility 1. did not have a 3-day supply of emergency food that included vegetables, fruit and water ready accessible; 2. did not date the menus for the week in use; 3. substitutions were not noted before or when the meal was served and kept on file in the facility for 6 months and 4. did not make sure all regular and therapeutic menus to be used by the facility must be reviewed annually.
Findings:
During the facility tour on at 9 AM staff A stated the census was 5 residents. Observations on /16 at 9 AM note there was a -4- week cycle menu posted by the dining . The menus were not dated.
Review of the menu used by the facility and provided by the manager for review revealed they were reviewed by the Registered Nutritionist on / / and were not dated for the week in use.
In an interview with the Manager on / at 2:30 PM who stated the facility used a 4-week cycle menu that was rotated weekly, but was not dated. She was not aware that the menu needed to be dated for the week it was used; a substitution list was not maintained. They catered to the resident's likes and made changes to the lunch most often.
Observations on the facility's emergency food supply on at 3 PM noted that:
1. There were (14.2 x 2) 28.4 ounces of vegetables. Based on a census of 5 residents, the facility needed 300 ounces of vegetables (20 ounces per person x 3 days' x 5 residents), on hand at all times.
2. There were (17.2 x 2) 34.4 ounces of fruit. Based on a census of 5 residents, the facility needed 240 ounces of fruit on hand (16 ounces per person x 3 days' x 3 residents), on hand at all times.
3. The facility had 11 gallons of water, based on a census of 5 residents, the facility needed at least 18 gallons of water on hand (1 gallon per person x 3 days' x 5 residents), on hand at all times.
In an interview with the Manager on at 3 PM who stated she did not realize she did not have enough emergency food supplies.
Class III

0162 Records - Resident

Based on observations, record review and interview the facility failed to ensure that 1 of 2 sampled

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resident records (#1) contained all the required components.
Findings:
Observation on at 9:15 AM noted staff A assisted resident #1 with self-administration of medication.
Resident record review for resident #1 revealed an informed consent regarding the provision of assistance with self-administration of medication from unlicensed staff dated however the consent did not indicate whether or not the unlicensed staff would or would not be supervised by a nurse.
Personnel record review for staff A, revealed she was not a nurse.
In an interview with the Manager on at 4:30 PM, who stated the form was overlooked.
Class III

0167 Resident Contracts

Based on record review and interview the facility failed to ensure that 2 of 2 sampled residents (1 & 2) contracts contained all the required components.
Findings:
Resident record review on for Resident #1 revealed the contract dated did not contain a refund policy, bed hold policy, a provision that indicated the residents must be assessed upon admission pursuant to subsection 58 A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, what services were included in the monthly rate, the Limited Nursing Services the facility would provide, the cost of those services and whether or not the facility had any religious affiliations.
Resident record review on for Residents #2 revealed that the contract dated did not indicate whether or not the facility had any religious affiliations, a provision that indicated the residents must be assessed upon admission pursuant to subsection 58 A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, what services were included in the monthly rate, the Limited Nursing Services the facility would provide, the cost of those services,
In an interview with the Manager on at 4:30 PM, who stated the information on the contracts was overlooked.
Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2016

Administrator
Ajr Loving Care Assisted Living
5900 Dean Road
Oviedo, FL 32765

RE: Re-licensure w/LNS

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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