STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967286	04/21/2016
NAME OF PROVIDER OR SUPPLIER **LOVING CARE OF ST PETERSBURG**	STREET ADDRESS, CITY, STATE, ZIP CODE **1001 9TH STREET NORTH SAINT PETERSBURG, FL 33701**	

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

0000 Initial Comments

Assisted Living Facility

An unannounced Complaint survey (CCR#2016001907) was conducted on I/ , in conjunction with an unannounced Biennial Survey w/Limited Mental Health (Aspen # XTKB11).

The Loving Care of St. Petersburg, Assisted Living Facility, had deficiencies at the time of this visit.

0052 Medication - Assistance with Self-Admin

Based on observation, interview, and record review, the facility failed to provide 8 of 9 sampled residents assistance with self-administered medications in accordance with procedures described in Section 429.256, F.S. The facility failed to follow control practices for 9 of 9 residents observed and failed to observe 6 of 9 residents receiving assistance with self-administration of medications taking their medications.

Findings included:
On I/ beginning at 6:10am, Surveyor observed Staff A providing medications for 3 residents receiving assistance with self-administration of medication.
Staff A was mopping the floor upon Surveyor arrival at the facility on I/ at 6:00am. Resident #1 requested her pain medication (-Acetam 10-325mg Tablet - Take 1 tab by mouth every 4 hours as needed for pain). Staff A checked computer & count book, unlocked med cart, retrieved medication pack from double-locked/separately stored controlled meds box in cart, read label on pack, popped med into 2oz. plastic cup, handed cup with med to resident, resident put med in her mouth & handed cup back to staff, staff poured water from pitcher on med cart into same cup & handed cup to resident, observed resident drink water & swallow med, resident discarded cup into nearby trash basket, med tech initialed MOR and recorded in count book - no handwashing or sanitation observed; Staff A went directly from mopping floor to providing resident ' s medication.
On I/ at 6:15am Resident #2 requested her sugar testing - Staff A retrieved small pouch containing needed materials, resident extended finger, Staff A poked resident ' s finger with pen needle & pressed finger for spot, dabbed with test strip, put test strip into reader machine, handed paper towel to resident to wipe off her finger; machine read aloud 96mg, Staff A recorded in computer. Per record review and interview, Staff A is an unlicensed Resident Aide trained to provide residents assistance with self-administration of medications, not a nurse/medical professional; also, again no handwashing or sanitation observed.
On I/ at 6:25am Resident #3 requested his sugar testing - Staff A retrieved small pouch containing needed materials, resident extended finger, Staff A poked resident ' s finger with pen needle

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& pressed finger for spot, dabbed with test strip, put test strip into reader machine, handed paper towel to resident to wipe off his finger; machine read aloud 175mg, Staff A recorded in computer. Per record review and interview, Staff A is an unlicensed Resident Aide trained to provide residents assistance with self-administration of medications, not a nurse/medical professional; also, again no handwashing or sanitation observed.
On at 6:30am Resident #3 requested his pain medication - Staff A checked computer & count book, unlocked med cart, retrieved medication pack from double-locked/separately stored controlled meds box in cart, read label on pack, popped med into 2oz. plastic cup, handed cup with med to resident, resident put med in his mouth & handed cup back to staff, staff poured water from pitcher on med cart into same cup & handed cup to resident, observed resident drink water & swallow med, resident discarded cup into nearby trash basket; Staff A initialed MOR and recorded in count book - no handwashing or sanitation observed.

On beginning at 7:10am, Surveyor observed Staff B providing medications for 6 residents receiving assistance with self-administration of medication.
Staff B popped Resident #8 ' s medication from pack (1 mg tab - Take 1 tab by mouth 3 times a day) into cup with bare hands after fishing through drawer to find pack and popped another medication into the cup with bare hands (- 10-325mg Tablet - Take 1 tab by mouth every 4 hours as needed for pain-maximum 6 per day). Staff B then searched for inhaler, finally found in back meds provision area. Staff B put cup of medications on counter for resident; resident requested water; Staff B poured water from pitcher and put on counter for resident. Staff B proceeded to complete Count Sheet; Staff B did not observe Resident #8 swallow medications; no handwashing or sanitation observed.
Surveyor observed Resident #9 waiting in line at 7:15am, loudly yelling for his . Staff B could not find Resident #9 ' s , was told by resident to check computer. Staff B stated she did not see an in the computer, asked resident medication name--resident stated he did not know. Staff B was searching for medication in 2nd med cart in back meds provision area at 7:22am as Resident #9 continued yelling for his medications. Staff B popped Resident #9 ' s 6am medication (Acetazol 250mg) and 8am medication (Deliresp 500mcg) plus 9 other meds from " Medicine-On-Time Personal Prescription System " container into one cup and put on the counter for Resident #9.
Resident poured all meds into his hand and handed cup to Staff B. Staff B poured water from pitcher and put on counter for resident. Staff B proceeded to complete Count Sheet; Staff B did not observe Resident #9 take his medications; no handwashing or sanitation observed..
Surveyor observed Staff B (7:27am) leave med cart drawer open/unlocked & 2nd med cart unlocked while she walked down the hall to a locked refrigerator to look for medication. At 7:28am, Staff B returned with Resident #9 ' s - Resident did independently while Staff B was looking at computer and trying to find other medications. Resident requested Sharps box, provided by Staff B from under the counter, left medications unlocked again while returning to refrigerator in

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the hall.
Staff B retrieved medication from controlled meds drawer, popped one pill out & placed in cup with bare hands, and handed cup to Resident #7. Staff B proceeded to complete Count Sheet; Staff B did not observe Resident #11 take his medication; no handwashing or sanitation observed.
Staff B popped Resident #10 ' s medications from pack and gave resident cup of meds (7 meds in container). Resident put medications into his mouth, handed cup back to Staff B; Staff B filled med cup with water for resident to drink. Staff B did not observe Resident 10 take his medications; Staff B was busy looking for nose spray /inhaler. Resident #10 requested " thing to check his . "
Staff B searched as resident gave instructions re. where to find-located at 7:38am--Staff B placed on counter; resident did independently, machine stated reading aloud, Staff B noted, had not observed.
Staff B did not wash or sanitize her hands at any time.
Staff B popped Resident #11 ' s medications from " Medicine-On-Time Personal Prescription System " container and gave resident cup of meds (7 meds in cup), no water. Resident requested " and PRN pill ( ). " Staff B retrieved medication (Sulf ER 15mg) and added to cup of 7 meds with bare hands. Resident again requested -- Staff B retrieved medication from controlled meds drawer, popped one pill out & placed in cup with bare hands. Staff B proceeded to complete Count Sheet; Staff B did not observe Resident #11 take his medications; no handwashing or sanitation observed.
On / at 7:48am, Resident #12 told Staff B where her medications are and what she takes. When Staff B handed a cup containing 3 meds, Resident #12 stated: " I got 3 pills and I ' m only supposed to get 2. " Staff B looked at the 3 pills and scooped one from the med cup into a container using the container lid. Also, no handwashing or sanitation observed.
Per interview with Resident #11 on / at 12:30pm, Resident #11 stated: " We always get someone else ' s meds, are given meds in a cup that belong to someone else. I fear someone will be overdosed or given the wrong meds. "

Class III

0053 Medication - Administration

Based on observation, interview, and record review, the facility failed to ensure that a staff member licensed to administer medications is available to administer medications in accordance with a health care provider's order, including conducting any examination or testing, such as glucose testing, for 2 of 4 residents receiving assistance with self-administration of medication.

Findings included:
On / beginning at 6:10am, Surveyor observed 3 Resident Care Aides/Med Techs/Housekeepers providing medications for residents receiving assistance with self-administration of medication.

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On / at 6:15am Resident #2 requested her sugar testing - Staff A retrieved small pouch containing needed materials, resident extended finger, Staff A poked resident ' s finger with pen needle & pressed finger for spot, dabbed with test strip, put test strip into reader machine, handed paper towel to resident to wipe off her finger; machine read aloud 96mg, Staff A recorded in computer. Per record review and interview, Staff A is an unlicensed Resident Aide trained to provide residents assistance with self-administration of medications, not licensed to administer medications.
On / at 6:25am Resident #3 requested his sugar testing - Staff A retrieved small pouch containing needed materials, resident extended finger, Staff A poked resident ' s finger with pen needle & pressed finger for spot, dabbed with test strip, put test strip into reader machine, handed paper towel to resident to wipe off his finger; machine read aloud 175mg, Staff A recorded in computer. Per record review and interview, Staff A is an unlicensed Resident Aide trained to provide residents assistance with self-administration of medications, not licensed to administer medications.

Class III

0079 Staffing Standards - Levels

Based on observation, record review, and interview, the facility failed to maintain the required minimum of 416 staff hours per week for a current census of 59 in-house residents.

Findings included:
Surveyor arrived at the facility on / at 6:00am. Staff A stated she is the only staff currently in the building, that she works alone from 11:00pm-7:00am. On / beginning at 6:10am, Surveyor observed Staff A mopping the floor and, beginning at 6:10am providing residents assistance with self-administration of medication.
Per interview with the Administrator on / at 10:40am, the Administrator stated that 2 Resident Care Aides are scheduled 7:00am-3:00pm, 2 Resident Care Aides are scheduled 3:00pm-11:00pm, and 1 Resident Care Aide is scheduled 11:00pm-7:00am. The stated scheduled hours total 280 direct care hours per week. The Administrator confirmed the facility ' s current census is 59 in-house residents. Per Statute, a minimum of 416 staff hours per week is required for a facility serving 56-65 residents.
Per observation and interviews conducted at the facility on / , the schedule posted in the locked office hallway by the time clock does not accurately reflect who is working. Per staff interviews, the Administrator sends text messages to employee ' s personal phones frequently to inform of schedule changes. Per / interviews with residents, staff, and visitors/service providers who provide services at the facility, all but 1 staff person stated there is not enough staff, that Aides frequently working alone are expected to clean, provide medications, and make sure residents are ok. A facility visitor stated: " Instead of <the facility having separate> Med Tech & Housekeeper, the girls are trying to do everything. There is not enough staff. "

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Class III

Z814 Backaround Screenina Clearinahouse

Based on observation, record review, and interview, the facility failed to maintain the employment status of all employees within the Background Screening Clearinghouse, including Initial employment status and any changes in status within 10 business days, for 6 of 8 employees providing direct care services for a current census of 59 in-house residents.

Findings included:
Per interview with Staff B on I/ at 7:00am, Staff B stated that she has worked at the facility for about one month; stated she was supposed to work today at 7:30am, but "we go to app for schedule week by week. I work 7-3 or 3-11 or 1-9. It depends on what they give me." Surveyor observed Staff B providing residents ' medications on I/ beginning at 7:05am and performing resident care & cleaning chores beginning at 8:32am. Per record review, Staff B is listed on the facility Staff Schedule for the week of as Resident Care Aide/Med Tech/Housekeeping. Per I/ review of the facility ' s Employee Roster on the AHCA Background Screening site, Staff B is not listed as an employee of the facility.
Per I/ record review, Staff D is listed on the facility Staff Schedules for the week of I/ and the week of as Resident Care Aide/Med Tech/Housekeeping. Per I/ review of the facility ' s Employee Roster on the AHCA Background Screening site, Staff D is not listed as an employee of the facilitv.
Per I/ review of the facility ' s Employee Roster on the AHCA Background Screening site, Staff F is listed as a non-certified nursing assistant/patient aide hired on / and screened on I/ ; no end date is provided. Per / review of the facility ' s Staff Schedules, Staff F is not on Staff Schedules for the weeks of , I/ , and / .
Per interview with Staff E on I/ at 8:00am, Staff E stated that he started working at the facility on / and is the only kitchen person, that there is always just 1 person on, dietary works alone for about 80 residents, has to prepare all meals and serve the residents and clean up. Staff E stated he works 7am-7pm or 7am-12pm when he is relieved by a staff person working 12-7pm. Surveyor observed Staff E delivering meals via cart from kitchen to dining serving residents breakfast and lunch on I/ beginning at 8:00am & 12:00pm. Per record review, Staff E is listed on the facility Staff Schedule for the week of as working Dietary and serving lunch & dinner. Per I/ review of the facility ' s Employee Roster on the AHCA Background Screening site, Staff E is not listed as an employee of the facility.
Per I/ review of the facility ' s Employee Roster on the AHCA Background Screening site, Staff G is listed as Dietary hired on / and screened on / ; no end date is provided. Per I/ review

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of the facility ' s Staff Schedules, Staff G is not on Staff Schedules for the weeks of / , / , and

Per / review of the facility ' s Employee Roster on the AHCA Background Screening site, Staff H is listed as Dietary hired on and screened on ; no end date is provided. Per / review of the facility ' s Staff Schedules, Staff H is not on Staff Schedules for the weeks of / , / , and

Unclassed

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Loving Care of St Petersburg
1001 9th Street North
Saint Petersburg, FL 33701

RE: CCR #2016001907 & Biennial with Limited Mental Health (LMH)

Dear Administrator:

This letter reports the findings of a complaint & a biennial with limited mental health (LMH) 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.

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/clt

Enclosure: State (5000-3547) Form

XG90