STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11967289 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
AJR LOVING CARE ASSISTED LIVING	5900 DEAN ROAD OVIEDO, FL 32765

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0052	Correction	ID Prefix A0055	Correction	ID Prefix A0056	Correction
Reg. # 58A-5.0185 (3)	Completed	Reg. # 58A-5.0185(6) FAC	Completed	Reg. # 58A-5.0185(7) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0081	Correction	ID Prefix A0085	Correction	ID Prefix A0090	Correction
Reg. # 58A-5.0191(2) FAC	Completed	Reg. # 58A-5.0191(6) FAC	Completed	Reg. # 58A-5.0191(11) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0162	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 58A-5.024(3) FAC	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE 6/15/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
3/29/2016	

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967289	R
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

Revisit was conducted on 5/19/2016. AJR Loving Care Assisted Living (License#11356) had deficiencies found at the time of the visit.

0010 Admissions - Continued Residency

DEFICIENCY REMAINED UNCORRECTED.

Based on record review and interview, the facility failed to obtain a new health assessment for 1 of 2 residents who was admitted to hospice (#1).

Findings:

Record review for Resident #1 revealed he was admitted to hospice on [illegible]. Further record review revealed AHCA form 1823 (Health Assessment) dated [illegible] and [illegible]. A health assessment conducted when the resident exhibited a significant change that required admission to hospice was not available.

On [illegible] a review of Resident #1's chart revealed the same above mentioned 2 AHCA 1823 Forms. There was no evidence showing a new health assessment that reflected hospice admission had been obtained. At 11:55 AM the owner/manager (who was out of town) confirmed the findings via a telephone call.

Class III

0077 Staffing Standards - Administrators

DEFICIENCY REMAINED UNCORRECTED.

Based on record review and interview, the facility did not ensure the Manager satisfied all the assisted living core training requirements. "Manager" means an individual who was authorized to perform the same functions of the administrator, and was responsible for the operation and maintenance of an assisted living facility while under the supervision of the administrator of that facility.

Findings:

The manager's personnel file was reviewed again on [illegible]. It still did not have evidence she had

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967289	R
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)

attended the core training.

On at 11:55 a.m. the owner/manager confirmed the findings via a telephone call.

Class III

0078 Staffing Standards - Staff

DEFICIENCY REMAINED UNCORRECTED.

Based on personnel record review and interview, the facility still failed to ensure 1 of 4 personnel records contained a healthcare provider statement that indicated freedom from ( ) yearly (B).

Findings:

Staff B's personnel record review again on . It revealed no evidence to confirm freedom from for the year 2016. The previous statement found in her chart was dated .

On at 11:30 AM, Staff A who assisted with the survey stated she was unable to provide any other information besides whatever was in Staff B's personnel folder. The owner/manager was out of town.

Class III

0079 Staffing Standards - Levels

DEFICIENCY REMAINED UNCORRECTED.

Based on record review and interview, the facility failed to maintain a written work schedule that reflected its 24-hour staffing pattern for a given time period.

Findings:

A review of the facility staffing schedule of 2016 revealed no written hours that reflected its 24-hour staffing pattern. The schedule/calendar only listed the name of staff; no assigned hours for each staff.

On at 11:55 AM the owner/manager confirmed the findings via a telephone call.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967289	R
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)

Class III

0082 Training - /

DEFICIENCY REMAINED UNCORRECTED.

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 as a caregiver. There was no evidence showing she had received a one-time education course on and , within 30 days of employment. The review revealed she was not a nurse; therefore, would be exempt from the requirement.

On at 11:30 AM Staff A stated she had received the required training, but she could not locate the certification in her file. On / at 11:55 AM the owner/manager confirmed the findings via a telephone call.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

DEFICIENCY REMAINED UNCORRECTED.
Based on observation, record review and interview, the facility failed to ensure Staff A had received 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.

Findings:

On / at 9:15 AM Staff A was observed assisting Resident #3 with self-administered medications during breakfast meal.

A review of Staff A's personnel file revealed she attended the initial 4-hour training on

There was no evidence showing she had received a minimum of 2 hours of continuing education training

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967289	R
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)

on providing assistance with self-administered medications and safe medication practices in an assisted living facility, yearly thereafter.

On at 11:55 AM the owner/manager confirmed the findings via a telephone call.

Class III

0093 Food Service - Dietary Standards

DEFICIENCY REMAINED UNCORRECTED.

Based on observation, record review and interview, the facility 1) did not have a 3-day supply of emergency food that included vegetable, fruit and water on hand at all time; 2) did not date the menus for the week in use; 3) substitutions were not 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 tour of the facility on , Staff A stated that the facility had 5 residents.
1) Observation of the facility emergency food supply on at 8:30 AM revealed the facility had 149 ounces of vegetable, still needed to have 151 ounces more; still did not fruit items at all. It needed to have 240 ounces for the census of 5 residents.

At 8:30 a.m. Staff A who provided the emergency supply container stated that she was not aware if there were any more supplies.

2) A review of the menus used by the facility for the week did not have dates on them.

3) The facility could not provide 6-month substitution menus; and

4) The facility still used menus that were reviewed by a registered nutritionist on / / . They were expired .

On / at 11:55 AM the owner/manager confirmed the findings via a telephone call.

Class III

0167 Resident Contracts

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967289	R
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)

DEFICIENCY REMAINED UNCORRECTED.
Based on record review and interview, the facility still failed to ensure that 2 of 2 sampled residents (1&2) contracts contained all the required components.

Findings:
On Resident#1's and #2's contracts were reviewed again. They still did not have the following required components:

Resident#1's record review revealed the contract dated . It did not contain a refund policy; bed hold policy; a provision indicating the residents must be assessed upon admission pursuant to subsection 58A-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 (LNS) the facility would provide and the cost of those services; and whether or not the facility had any religious affiliations.

Resident#2's record review revealed the contract dated . It did not indicate whether or not the facility had any religious affiliations; a provision indicating the residents must be assessed upon admission pursuant to subsection 58A-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 (LNS) the facility would provide and the cost of those services.

On at 11:55 a.m. the owner/manager confirmed the findings via a telephone call.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: Revisit to Re-licensure w/LNS

Dear Administrator:

This letter reports the findings of a revisit survey conducted on May 19, 2016by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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. Should you have any questions please call this office at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

BBT7

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com