RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Care And Love Retirement Residence Llc
642 East 21st Street
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016 by 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 , 2017.**

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 (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

BBT7

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL
Phone:(305) 593-3100; Fax:(305) 593-3121
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910890	R 12/05/2016
NAME OF PROVIDER OR SUPPLIER **CARE AND LOVE RETIREMENT RESIDENCE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **642 EAST 21ST STREET** **HIALEAH, FL 33013**	

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

0000 - Initial Comments

A Complaint (CCR#2016009781) Revisit Survey was conducted on 05, 2016. Care and Love Retirement Residence had the following deficiencies identified at the time of the survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review, interviews and observation, the facility failed to maintain an accurate health assessment for 2 out of 2 sampled residents.
Findings include:
A review of resident #5 ' s record revealed he was admitted on . The health assessment dated revealed that the resident had diagnoses of with left , , , , , , ( ), , and , , . The resident ' s gait was slow and unsteady with left sided . The resident needed supervision with ambulation, assistance with bathing and dressing; supervision with eating, assistance with self-care ( ) toileting, there was no indication of the type of assistance the resident needed for transferring.
Review of Resident #9 ' s file revealed he was admitted on / ; Health assessment dated revealed resident ' s diagnoses of type II dependent, AKA (above knee amputation) , low vision. Resident had difficulty walking, mobility was slow and steady. The resident needed assistance with ambulation, bathing, and dressing, needs supervision with eating, and assistance with self-care ( ) and toileting. There was no indication of the type of assistance the resident needed for transferring.
On at 11:45 AM, Staff A, stated "It must have been an oversight from the doctor that completed the health assessment."
Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to maintain an accurate daily medication observation records (MOR) for 2 out of 20 sampled residents (Residents #1 and # 8).

Findings include:

A review of Resident # 1's record revealed that the resident was prescribed 0.5 MG daily in the morning and the MOR had not been signed since / . The resident was ordered 15 units twice a day; the last MOR was signed on .

A review of Resident # 8's record revealed that the resident was prescribed 30 mg 1 tablet daily, 300 mg 1 tab daily, and Sustiva 600 mg 1 tab daily, the MOR was not signed for any

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of the medications for 8:00 PM.

On 12/05/2016 at 9:37 AM, Staff C stated " I do not know why the staff did not sign it; I just got here a little bit before you guys got here. "

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to provide documentation of a negative examination on an annual basis for two of nine sampled employees (Staff B and H).

Findings included:

Employee record review revealed that Staff B (hired) and H (hired / /) had the last examination on / and it expired on / .

After reviewing the employee files, the facility owner stated on at 3:45 PM that the paperwork was not available.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interviews, the facility failed to provide documentation ensuring that one out of nine sampled who provide direct care to residents received the required in-service training within 30 days of employment (Staff A).

Findings included:

A review of Staff A's record (hired) showed that there was no documentation pf the employee having completed the trainings on:
1. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation
2. Resident rights in an assisted living facility.
3. Recognizing and reporting resident , neglect, and .

Interviewed on at 3:30 PM after a review of the file, the Administrator verified she did not have the documentation of the trainings.

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Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure that two out of nine sampled staff who are in direct contact with mental health residents received 6 hours minimum training and 3 hours update provided or approved by the state on Limited Mental Health (LMH)(Staff #G and H) .

Findings included:

Record review revealed Staff H (hired) completed the minimum 6 hour training dated . Staff H had 3 hours limited mental health minimum training dated , which expired / .

Record review revealed Staff G (hired /) had no documentation of having completed the minimum 6 hour LMH training.

Interviewed on / at 3:30 PM, the owner acknowledged that Staff G and H did not have the trainings for LMH.

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11910890 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE AND LOVE RETIREMENT RESIDENCE LLC	642 EAST 21ST STREET HIALEAH, FL 33013

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 A0025	Correction	ID Prefix A0163	Correction	ID Prefix A0165	Correction
Reg. # 429.26(7) FS; 58A-5.0182(1) FAC	Completed	Reg. # 429.49 FS	Completed	Reg. # 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC	Completed
LSC		LSC		LSC	
ID Prefix AZ814	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 435.12(2)(b-d), FS	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	
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	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE 01/28/16	TITLE HFES	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