STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910890	**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)

On 12/05/2016 at 9:13 AM Interview with Staff C, stated "We are waiting for the fire department to clear the violations today. We have already corrected the past violations we had."
Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview the facility failed to provide a 30 day notice of rate increase in the resident contract, and failed to provide a 30 day notice of rate increase for 3 out of 3 sampled residents (Resident #3, #5, #9)

Findings include:

A review of Resident #5 and Resident #9 ' s file revealed contract did not include a provision for a 30 day of rate increase.

On at 6:15 PM, Resident #3 ' s mother stated " I do have some concerns because they told me that the facility was going to raise the monthly rate, and they did not notify my son with time. The facility manager gave my son a letter stating they were going to raise the monthly rate, they only gave us a two week notice. "

Class III

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

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

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility to ensure the accuracy of the admission and discharge log. two out of twenty residents listed on the

Findings included:

Observation made on at 9:05 AM during tour found 20 residents residing in the facility.

A review of the admission and discharge log showed eighteen residents listed.

Interviewed at approximately 4:45 pm during the exit conference, the Manager stated, "They were new residents that came in. I did not remember to write them on the log."

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview the facility failed to provide documentation of the references on the employment application for two out of nine (#C & D) sampled staff and job descriptions for two out of nine (#G & I) sampled staff members. The facility also failed to provide documentation that a job .

Findings included:

A review of the employee records on found Staff C and D did not have references on their applicationStaff G and I had no job description in the files which stated their duties and responsibilities.

O at 2:00 PM, the Owner acknowledgde the staff did not have the job descriptions and references on applications.

Class III

0164 - Records - Inspection Availability - 58A-5.024(4) FAC

Based on record review and interview the facility failed to provide a Fire Department satisfactory fire inspection.
Findings include:
A review of facility ' s bulletin board revealed fire inspection was pending Re-inspection for violations found on / will be cleared on when inspector returns.

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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)

to complete the education requirements.

Interviewed on 12/05/16 at 1:30 PM with the Administrator stated, "We (the Administrator, and the Manager) are scheduled to take the test next month."

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview the facility failed to have an up to date menu reviewed annually by a licensed dietician for all residents and also failed to ensure that a 3 day supply of nonperishable food for a census of 20 residents was kept on site.
Findings included:
On at 11:59 AM observed posted menu on refrigerator was dated from ,
2015- , 2016.
Interviewed on at 11:50 AM, Staff A stated " I have the current Menu, but I forgot to post it. "
During a tour conducted on at 9:10 AM of the emergency food closet, observed a can of sardines 38 ounces; a can of tomato sauce 105 ounces; a can of potatoes 102 ounces, 2 cans of green beans 106 ounces, a box with 12 ramen noodles at 2.25oz each and 2 boxes of soda crackers at 20 ounces. The facility requires 360 ounces of protein and only had 38 ounces on hand; requires 480 ounces of vegetables and only had 317 ounces on hand.
Interviewed on at 1:30 PM, the Administrator acknowledged she did not have enough emergency food for a census of 20 residents.
Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a safe and decent living environment for one of 20 residents (#10). The resident ' s mattress had holes and tears.

Findings include:

On at 9:12 AM, during tour observed Resident #10 ' s bed had holes and tears on his mattress.

On at 3:38 PM Resident #10 stated " Yes I have a hole on my mattress and it does bother me at night time. The mattress has tears also and it is uncomfortable when I sleep.
Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

A Standard Biennial Survey was conducted on 05, 2016. Care and Love Retirement Residence (License #4223) had the following deficiencies identified at the time of the survey:

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation, record review, and interview the facility failed to provide social, recreational or educational, and other activities for all residents.

Findings include:

A review of facility ' s bulletin board revealed activities calendar posted was for /2016.

On at 12:53 PM, interview with Resident #4 stated " No, we never do any activities; they do not care about that here. "

On at 1:06 PM, interview with Resident #6 stated " No, we have not done any activities, not recently, they have coloring books, but I do not like coloring. "
On at 11:33 AM, interview with Resident #7 stated " No, we do not have any activities offered here. "
On at 11:41 AM, interview with Resident #8 stated " No, they do not have any activities here. I sit in my recliner chair most of the day. "
On at 12:41 AM, interview with Resident #9 stated " No, I get my but we do not do any activities here. "
Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the facility failed to ensure that Administrator completed the competency test requirement (CORE) no later than 90 days after becoming employed as the facility's Administrator.

Findings included:

Review of Florida Health Finder database showed the Administrator on record as operating the facility.

Review of Administrator's personnel record revealed that the Administrator was hired on / . The Administrator did not have documentation of passing the CORE competency test or of taking the class

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

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

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 , 2017.** 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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