STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911030	02/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUCILLE'S LOVING CARE	**17820 NW 22ND AVENUE MIAMI, FL 33056**

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Lucille's Loving Care with Limited Mental Health service component (License #3952) had deficiencies identified at the time of the survey:

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

Based on record review and interview, the facility failed to keep on file current documentation of freedom from for one of four staff (Staff C).

Findings include:

Staff record review showed that there was no documentation that Staff C did not have any signs or symptoms of a communicable including , annually. The last statement on file was dated .

Interviewed on at 1:00 PM, Staff B stated that there was no documentation of freedom from in Staff C's file annually.

Class III

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

Based on record review and interview the facility failed to ensure that one out of four sampled employees (Staff D) had received any in-service training within 30 days of employment. The facility also failed to ensure that two out of four sampled employees (Staff A and C) had received in-service training within 30 days of employment that covered resident elopement response policies and procedures.

Findings included:

Staff record review showed that Staff D, hired on , did not have documentation of having received 1 of hour in-service training in reporting major incidents, reporting adverse incidents and facility emergency procedures, resident rights in an assisted living facility and recognizing and reporting resident , neglect, and , Staff D had also not received 3 hours of in-service training that covered resident behavior and needs, providing assistance with activities of daily living, in-service training that covers resident elopement response policies and procedures, or policies and procedures. Staff A, hired on , and Staff C, hired on , did not have documentation that they received in-service training within 30 days of employment that covered resident elopement response policies and procedures.

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SUMMARY STATEMENT OF DEFICIENCIES
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Interviewed on at 1:10 PM, Staff B stated "Staff A, C and D received all the in-service training but the documents were not in the facility at this time."

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on record review and interview, the facility failed to provide documentation of providing an education course on and for one out of four sampled employees (Staff C).

Findings include:

A review of Staff C record showed that there was no documentation of the one-time course on and . Staff C was hired on .

Interviewed on at 1:10 PM, Staff B stated that Staff C received training, but he was unable to provide the documentation.

Class III

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

Based on record review and interview, the facility failed to have documentation of a satisfactory fire inspection. The facility failed to perform at least two elopement drills per year.

Findings included:

A review of the facility's records showed that there was no current satisfactory fire inspection. The last fire inspection was dated .

Record review showed the facility failed to have documentation of elopement drills.

Interviewed on at 1:10 PM, Staff B acknowledged the last fire inspection was dated . He also acknowledged that there was no documentation of elopement drills.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911030	**02/21/2017**
NAME OF PROVIDER OR SUPPLIER **LUCILLE'S LOVING CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **17820 NW 22ND AVENUE** **MIAMI, FL 33056**	

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observation, record review and interview, the facility failed to register four out of four sampled staff in the Background Screening Clearinghouse Database (Staff A, B, C, and D) .

Findings Include:

Observation on at 9:30 AM showed Staff B was caring for the residents and providing personal services to them.

Staff schedule review showed that Staff A, B, C and D were scheduled to work at the facility.

A review of the Background Screening Clearinghouse Database showed that the facility did not register any employee.

Interviewed on at 1:30 PM, Staff B confirmed that they did not register any employee in the clearinghouse.

Unclassified