STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932590	03/14/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR LOVING MOTHER ELDERLY CARE, INC	**1635 WEST 65 STREET HIALEAH, FL 33012**

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on , 2017. Our Loving Mother Elderly Care, Inc. (License # 8128) with Limited Nursing Services and Limited Mental Health component had deficiencies identified at the time of the survey:

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

Based on observation, record review and interview the facility failed to have a updated medical examination by a health care provider after a significant change for one out five sampled residents (Resident #1).

Findings included:

During tour of the facility on at 8:40 am observed Resident #1 in bed contracted in position.

Record review revealed that the last health assessment was completed on by a doctor based on the last Primary Care Physician evaluation from and stated that resident requires assistance with her activities of daily living (ADLs) and medication administration; also stated that the resident had no , .

Record review also revealed that the resident was under hospice services and that she had a , on the sacrum that started on . The measures 3 cm x 2 cm and she was receiving care daily by hospice nurse.

On at 9:40 am Staff B stated that at the moment the resident required total assistance with her ADLs and that for the last 4 or 5 days the resident had not been able to take the medications on her own and that the caregivers had been crushing the medications and putting them in the resident's mouth.

Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation, record review, and interview the facility failed to have a licensed staff member to administer medications to one out of five sampled residents that required medication administration (Resident #1).

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932590	**03/14/2017**
NAME OF PROVIDER OR SUPPLIER **OUR LOVING MOTHER ELDERLY CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1635 WEST 65 STREET HIALEAH, FL 33012**	

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

During tour of the facility on [redacted] at 8:40 am observed Resident #1 in bed contracted in [redacted] position.

Record review revealed that the last health assessment was completed on [redacted] stated Resident #1 required assistance with her assistance with her activities of daily living and medication administration.

On [redacted] at 9:40 am Staff B stated that at the moment the resident required total assistance with her activities of daily living and that for the last 4 or 5 days the resident had not been able to take the medications on her own and that the caregivers had been crushing the medications and putting them in the resident's mouth.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, interview, and record review the facility failed to to ensure that any change in directions for use of a medication is accompanied by a written medication order issued and signed by the resident's health care provider for one out of five sampled resident (Resident #1).

Findings included:

During tour of the facility on [redacted] at 8:40 am observed Resident #1 in bed contracted in [redacted] position.

On [redacted] at 9:40 am Staff B stated that at the moment Resident #1 required total assistance with her activities of daily living and that for the last 4 or 5 days the resident had not been able to take the medications on her own and that the caregivers has been crushing the medications and putting them in the resident's mouth.

Review of Resident #1's hospice and facility records revealed that there was no order to crush medications.

During the exit conference on [redacted] at 10:15 am the Administrator stated that he knew that they needed a prescription to crush the medications and that they did not have it.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932590	**03/14/2017**
NAME OF PROVIDER OR SUPPLIER **OUR LOVING MOTHER ELDERLY CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1635 WEST 65 STREET HIALEAH, FL 33012**	

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

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

Based on record review and interview the facility failed to provide evidence of a negative examination on an annual basis for the Registered Nurse contracted by the facility to provide limited nursing services.

Findings included:

Record review of the Registered Nurse (RN) contracted by the facility to provide limited nursing services revealed that the last statement was dated . The facility did not have the annual documentation for the RN.

On at 9:17 am spoke to the registered nurse on the phone she stated that she needed to have the new test done but that she had been sick and not able to go to have the test done .

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to keep an updated interdisciplinary care plan in the resident's record for a resident that is receiving hospice services (Resident #1).

Findings included:

Review of Resident #1's record revealed the resident was receiving hospice services and that the last care plan covered from to . The facility did not have the updated care plan.

During the exit conference on at 10:15 am the facility's administrator stated that he will tell the nurse from hospice that she needs to chart the updated care plan for Resident #1.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932590	03/14/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR LOVING MOTHER ELDERLY CARE, INC	**1635 WEST 65 STREET HIALEAH, FL 33012**

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on , 2017. Our Loving Mother Elderly Care, Inc. (License # 8128) with Limited Nursing Services and Limited Mental Health component had deficiencies identified at the time of the survey:

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

Based on observation, record review and interview the facility failed to have a updated medical examination by a health care provider after a significant change for one out five sampled residents (Resident #1).

Findings included:

During tour of the facility on at 8:40 am observed Resident #1 in bed contracted in position.

Record review revealed that the last health assessment was completed on by a doctor based on the last Primary Care Physician evaluation from and stated that resident requires assistance with her activities of daily living (ADLs) and medication administration; also stated that the resident had no , .

Record review also revealed that the resident was under hospice services and that she had a , on the sacrum that started on . The measures 3 cm x 2 cm and she was receiving care daily by hospice nurse.

On at 9:40 am Staff B stated that at the moment the resident required total assistance with her ADLs and that for the last 4 or 5 days the resident had not been able to take the medications on her own and that the caregivers had been crushing the medications and putting them in the resident's mouth.

Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation, record review, and interview the facility failed to have a licensed staff member to administer medications to one out of five sampled residents that required medication administration (Resident #1).

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932590	**03/14/2017**
NAME OF PROVIDER OR SUPPLIER **OUR LOVING MOTHER ELDERLY CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1635 WEST 65 STREET HIALEAH, FL 33012**	

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

During tour of the facility on [redacted] at 8:40 am observed Resident #1 in bed contracted in [redacted] position.

Record review revealed that the last health assessment was completed on [redacted] stated Resident #1 required assistance with her assistance with her activities of daily living and medication administration.

On [redacted] at 9:40 am Staff B stated that at the moment the resident required total assistance with her activities of daily living and that for the last 4 or 5 days the resident had not been able to take the medications on her own and that the caregivers had been crushing the medications and putting them in the resident's mouth.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, interview, and record review the facility failed to to ensure that any change in directions for use of a medication is accompanied by a written medication order issued and signed by the resident's health care provider for one out of five sampled resident (Resident #1).

Findings included:

During tour of the facility on [redacted] at 8:40 am observed Resident #1 in bed contracted in [redacted] position.

On [redacted] at 9:40 am Staff B stated that at the moment Resident #1 required total assistance with her activities of daily living and that for the last 4 or 5 days the resident had not been able to take the medications on her own and that the caregivers has been crushing the medications and putting them in the resident's mouth.

Review of Resident #1's hospice and facility records revealed that there was no order to crush medications.

During the exit conference on [redacted] at 10:15 am the Administrator stated that he knew that they needed a prescription to crush the medications and that they did not have it.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932590	**03/14/2017**
NAME OF PROVIDER OR SUPPLIER **OUR LOVING MOTHER ELDERLY CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1635 WEST 65 STREET HIALEAH, FL 33012**	

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

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

Based on record review and interview the facility failed to provide evidence of a negative examination on an annual basis for the Registered Nurse contracted by the facility to provide limited nursing services.

Findings included:

Record review of the Registered Nurse (RN) contracted by the facility to provide limited nursing services revealed that the last statement was dated . The facility did not have the annual documentation for the RN.

On at 9:17 am spoke to the registered nurse on the phone she stated that she needed to have the new test done but that she had been sick and not able to go to have the test done .

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to keep an updated interdisciplinary care plan in the resident's record for a resident that is receiving hospice services (Resident #1).

Findings included:

Review of Resident #1's record revealed the resident was receiving hospice services and that the last care plan covered from to . The facility did not have the updated care plan.

During the exit conference on at 10:15 am the facility's administrator stated that he will tell the nurse from hospice that she needs to chart the updated care plan for Resident #1.

Class III