STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968833	**04/19/2017**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE OF THE TREASURE COAST, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2102 SW LARCHMONT PORT SAINT LUCIE, FL 34984**	

SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

An unannounced relicensure survey was conducted on at Loving Care of the Treasure Coast, License #12683. The facility had deficiencies at the time of the visit.

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

Based on interview and record review, it was determined the facility failed to maintain evidence of a negative ( ) examination on an annual basis, for 1 of 4 sampled staff that provides direct care for the residents of this facility (Staff D).

The Findings included:

During interview and record review conducted with the Administrator, on beginning at approximately 11:40 AM, she acknowledged Staff D had a date of hire noted as and did not have an annual negative examination documented in 2016. Record review failed to reveal evidence of a negative testing. The Administrator provided no additional information for review.

Class III

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

Based on interview and record review it was determined the facility failed to ensure staff who provide direct care to residents received the required trainings in accordance with 59A-8.0095, F.A.C. for 3 of 3 sampled direct care staff (Staff A, Staff B, Staff C).

The Findings included:

During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:40 AM, she was provided the opportunity to locate the following required trainings that are to be provided within 30 days of hire:

a) Staff A (direct care staff) with a date of hire noted as : 1 hour of control training (prior to providing care for residents); 3 hours of ADL and behavioral needs; 1 hour of in-service training that covers reporting major incidents, reporting adverse incidents, and facility emergency procedures including chain-of command and staff roles related to emergency evacuation; 1 hour of in-service training in resident rights, and recognizing and reporting , neglect and , ; and 1 hour of the facility's resident elopement response policies and procedures

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b) Staff B (direct care staff) with a date of hire noted as : 1 hour of control training (prior to providing care for residents); 3 hours of ADL and behavioral needs; 1 hour of in-service training that covers reporting major incidents, reporting adverse incidents, and facility emergency procedures including chain-of command and staff roles related to emergency evacuation; 1 hour of in-service training in resident rights, and recognizing and reporting , neglect and , ; and 1 hour of the facility's resident elopement response policies and procedures; and 1 hour of in-service training regarding safe food handling practices

c) Staff C (direct care staff) with a date of hire noted as : 1 hour of in-service training that covers reporting major incidents, reporting adverse incidents, and facility emergency procedures including chain-of command and staff roles related to emergency evacuation; 1 hour of in-service training in resident rights, and recognizing and reporting , neglect and , ; and 1 hour of the facility's resident elopement response policies and procedures; and 1 hour of in-service training regarding safe food handling practices

The Administrator acknowledged that the above noted trainings were not on file for Staff A, Staff B, and Staff C at the time of this review.

Class III

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

Based on interview and record review it was determined the facility failed to maintain documentation of and training within 30 days of employment for 2 of 3 direct care staff reviewed (Staff B and Staff C).

The Findings included:

During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:40 AM, she was provided the opportunity to locate and training within 30 days of hire for the following direct care staff:

a) Staff B with a date of hire noted as 11/
b) Staff C with a date of hire noted as

The Administrator was not able to locate documentation of this required training. She could not provide an explanation as to why it was not on file.

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Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on interview and record review, it was determined the facility failed to ensure that each unlicensed person who will be providing assistance with the self-administration of medications as described in Rule 58A-5.0185, F.A.C. met the training requirement of an initial 4 hours of training and an annual 2 hours of training by a Licensed Registered Nurse or Licensed Pharmacist for 2 of 3 sampled staff that provides assistance with self-administration of medications (Staff B and Staff C).

The Findings included:

During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:40 AM, she was provided the opportunity to locate the required initial and annual trainings for the following staff:

a) Staff B (unlicensed staff that provides assistance with self-administration of medication; as confirmed by the Administrator) with a date of hire noted as : no initial 4 hour training on file that reflects the required trainer's credentials (Licensed Registered Nurse or Licensed Pharmacist); no 2 hour update training for 2016 on file that reflects the required trainer's credentials

b) Staff C (unlicensed staff that provides assistance with self-administration of medication; as confirmed by the Administrator) with a date of hire noted as ; no initial 4-hour training on file that reflect the required trainer's credentials

The Administrator acknowledged that the training certificates on file do not reflect any credentials for the trainer's, so it could not be determined if the trainers were Licensed Registered Nurses of Licensed Pharmacists.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on interview and record review, it was determined the facility failed to maintain documentation of 1 hour of training in the facility's policy and procedures regarding within 30 days after employment, for 3 of 3 direct care staff reviewed (Staff A, Staff B, and Staff C).

The Findings included:

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During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:40 AM, she was provided the opportunity to locate 1 hour of training in the facility's policy and procedures regarding within 30 days of hire for the following direct care staff:

a) Staff A with a date of hire noted as
b) Staff B with a date of hire noted as 11/
c) Staff C with a date of hire noted as

The Administrator was not able to locate documentation of this required training. She could not provide an explanation as to why it was not on file.

Class III

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

Based on interview and facility record review, it was determined the facility failed to maintain an up-to-date admission and discharge log listing the names of all residents and each resident's: date of admission, the facility or place from which the resident was admitted, for 1 of 5 sampled residents (Resident #1).

The Findings included:

During interview and review of the facility's admission and discharge log conducted with Staff A, on beginning at approximately 9:05 AM, she was asked how many residents live at this facility. She replied, "Five". She was asked why the admission and discharge log only noted 4 current residents. Staff A reviewed the log and stated Resident #1 was not noted on the log. She could not provide an explanation. Staff A researched other facility records and identified that Resident #1 was admitted to the facility on (3 months prior).

Class

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

Based on interview and record review, it was determined the facility failed to maintain each resident's demographic data, specifically related to Social Security number; Medicare number; and name, address, and telephone number of health care provider for 1 of 2 sampled residents (Resident #1).

The Findings included:

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During interview and review of Resident #1's demographic sheet conducted with Staff A, on beginning at approximately 9:10 AM, she acknowledged this resident's demographic sheet did not contain her Social Security number; Medicare number; and name, address, and telephone number of health care provider. Staff A could not provide any explanation as to why this documentation was not completed for Resident #1.

Class

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

Based on interview and record review, it was determined the facility failed to maintain the employment status off all employees within the clearinghouse, specifically related to reporting initial employment within 10 business days for 1 of 4 sampled staff (Staff C).

The Findings included:

During interview and facility record review of their clearinghouse roster conducted with the Administrator, on beginning at approximately 11:40 AM, she was asked where Staff C's name is located. The Administrator could not find this staff member's name on the current clearinghouse roster. The Administrator acknowledged Staff C's date of hire is noted as . The Administrator could not provide an explanation as to why Staff C was not noted on the clearinghouse roster.

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on interview and record review, it was determined the facility failed to verify if there had been a break in service from a position that requires a level 2 screening for more than 90 days and that such proof was accompanied under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency, for 1 of 4 sampled staff reviewed (Staff C).

The Findings included:

During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:40 AM, she was provided the opportunity to locate a current level 2 background screening for Staff C (direct care staff with a date of hire noted as) and her attestation of compliance with chapter 435 form. The Administrator could not locate Staff C's attestation of compliance with chapter 435 form. The Administrator did locate a level 2-background screening that was dated . The Administrator was asked if she or a designee had verified if there had not

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been a break in employment that exceeded 90 days. She stated she had not done this and was not aware if there had been a break in employment that exceeded 90 days since . . . . . when the level 2-background screening was conducted.

Unclassified