STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953310	**05/17/2017**
NAME OF PROVIDER OR SUPPLIER **A LOVING PLACE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **25 WEST 26 STREET** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on . A Loving Place ALF. with a Limited Mental Health Component, License# 7846 had the following deficiencies found at the time of the survey:

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure that 1 of 9 sampled residents had a face to face medical examination within 30 days of admission (Resident # 9).

Findings included:

A review of the admission / discharge log revealed that Resident # 9 was admitted on .

A review of Resident # 9's record revealed that there was no documentation of a completed health assessment.

On at 11:00 AM, the Administrator stated that she has been after the doctor to get the health assessment but he has not given one to the facility.

Class III

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

Based on record review and interview, the facility failed to appoint a Manager who did not administer another facility.

Findings included:

A review of the facility provider locator database showed that the Administrator managed 2 facilities.

A review of employee records revealed that a Manager had not been appointed.

On at 11:00 AM, the Administrator stated that she thought she did not need a manager because she is always at the facility, but she was going to get one to be in compliance.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview, the facility failed to maintain a written work schedule that reflected its 24-hour staffing pattern.

Findings included:

On at 7:30 AM, observed Staff C, D and E were caring for residents and providing personal services to them.

On at 7:35 AM observed that the staff schedule was missing from the board were all the other licenses and permits were posted.

On at 9:00 AM when the Administrator arrived at the facility and was asked what had happened to the staff schedule she stated that she had been sick for the last few weeks, and that she had done the staff schedule but forgot it at her house.

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview, the facility failed to provide documentation of the required 12 hours of continuing education for the Administrator.

Findings included:

A review of the personnel file revealed that the Administrator was hired on and last trained in the areas for CORE administrator continuing education, 12 hours was on .

On at 11:30 am the Administrator confirmed the findings and stated that she would schedule an appointment for the next CORE update training as soon as possible.

Class III

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

Based on observation, record review and interview, the facility failed to ensure that one out of seven sampled employees (Staff D) had received several required trainings prior to provide any personal/direct

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

care to residents.

Findings included:

On between 7:30 am and 1:00 PM, Staff D was observed taking care of the residents.

A review of the personnel record for Staff D (hired date) revealed no documentation of training in the following areas: ADL (activities of daily living), Elopement, Emergency Preparedness and Evacuation, Incident Report, Resident Rights, Recognizing/Reporting , Neglect & , .

On at 11:30 AM, the Administrator she stated that she thought that all the trainings were up to date but for all the employees, and that she was going to get them up to date.

Class III

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

Based on record review, and interview, the facility failed ensure direct care Staff D, receive at least one hour of training in the facility ' s policy and procedures regarding ( ) within 30 days after employment.

Findings included:

Staff record review revealed that there was no documentation of training for Staff D, hired on .

On at 11:45 AM the Administrator stated that the problem was that she had some employees' files at her house and others in the facility because she took them to her house to get them up to date.

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 one out of seven sampled employees received 6/hours initial training for Limited Mental Health Staff C.

Findings included:

A reviewed of Staff C's record showed (hired date) there was no documentation of the initial

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

6/hours training for Limited Mental Health.

On at 11:30 AM, the Administrator stated that she knew about this and that she was going to schedule this staff member to go for the training.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to ensure that one of seven sampled staff was registered and/or removed from the facility's roster in the Background Screening Clearinghouse's database (Staff G)

Finding included:

A review of the Background Screening Clearinghouse database showed Staff G, hired on , was on the facility's clearinghouse roster, but she had stopped working in the facility on .

On at 12:00 PM the Administrator stated that she knew she had to remove the staff from the clearing house but because she had been sick the last few weeks,she had not yet done it.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and staff interview the facility failed to ensure that one out of seven sampled staff member had an eligible level 2 background screening prior to providing care to residents (Staff E).

Findings included:

A review of personnel records revealed that Staff E (hired), did not have a current eligible Level II background screening.

On at 12:00 PM during an interview with Administrator she stated that she had this staff member documents but they were in her house.

Unclassified