STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968139	**07/20/2017**
NAME OF PROVIDER OR SUPPLIER **CR LOVING CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **74 PRINCE MICHAEL LN** **PALM COAST, FL 32164**	

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

0000 - Initial Comments

Between and , a biennial relicensure survey was conducted at CR Loving Care, Inc. (License Number: 12093). Deficient practice was identified during the survey.

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

Based on resident record review and interview with the owner, the facility failed to obtain complete information on the resident health assessment (AHCA form 1823) for 2 of 2 sampled residents whose records were reviewed (Residents #1 and #2).

The findings included:

A record review for Resident #1 revealed an AHCA form 1823 completed by a health care practitioner on . The assessment did not include any diet order. Page 3, which is used to assess self -care and general oversight requirements, was missing entirely. Page 5, intended to be completed by the administrator listing services provided by the facility, was also missing.

A record review for Resident #2 revealed an AHCA form 1823 that was missing the page indicating the name, date, license number and address of the examining practitioner. The list of medications for Resident #2 was not included. Page 3 and 4 were missing; therefore, the type of assist Resident #2 required with the self-administration of medication was missing. There was no documentation that she did not require 24-hour nursing or supervision.

An interview was conducted with the facility owner on at 9:17 am. She reviewed the assessments for Residents #1 and #2 and she confirmed the missing documentation.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on a review of facility records, and interview with the owner, the facility failed to conduct and document resident elopement drills on a semi-annual basis pursuant to Sections 429.41(1)(a)3. and 429.41(1)(i), F.S..

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The findings included:

A review of facility records revealed no documentation of elopement drills since the last inspection .

In an interview with the owner at 11:15 am on , she confirmed the drills had not been completed as required. She stated she did not know that 2 drills per year were required to be conducted and documented.

Class III

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

Based on observation, resident record review, and interview with the owner, the facility failed to provide a staff member licensed to administer medications to 1 of 1 sampled residents observed for medication administration (Resident #2).

The findings included:

Immediately after conducting an interview with Resident #2 on the outside patio, this surveyor walked inside to the facility kitchen at 11:27 am on . The owner was standing in the kitchen, and had a hand-held pill crusher on the counter in front of her. She showed this surveyor its contents, explaining the pill crusher contained 1 , tablet intended for Resident #2. The owner crushed the tablet, then poured it into Resident #2's lunch casserole. She heated the casserole in the microwave oven , and placed it on the kitchen table. The owner departed the kitchen and walked into another . Resident #2 came inside, walked to the kitchen table, and sat in front of the plate. She consumed the entire dish containing the crushed , tablet. The owner did not remain present for the entire meal, and walked in and out of the kitchen area.

A record review for Resident #2 revealed she had a physician's order for , 0.25 milligrams (mg) three times daily.

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An interview was conducted with the owner at 11:50 am on . She acknowledged that a nurse was required to administer medications to any resident. She confirmed the medication label was not read to Resident #2, and that she placed the medication into the resident's food without her knowledge. She asked "What do I do, that is a tough one. (Resident #2) will refuse her medication!" She acknowledged the regulatory requirement that a licensed staff was required to administer medications. She said she would need to call the doctor.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, resident record review, and interview with the owner, the facility failed to dispose of expired medications or to discontinue their use for 1 of 2 residents (Resident #1) whose medications were reviewed.

The findings included:

An observation of the medication storage bin for Resident #1 revealed a pharmacy-labeled bottle of (an , medication) 10 milligram tablets. Instructions were to take 1 tablet daily. Further inspection of the label revealed the medication expired on .

Review of the medication observation record for Resident #1 revealed she received this medication on a daily basis.

An interview was conducted with the owner at 9:51 am on . She stated a family member provided the medications for Resident #1. She looked at the label and confirmed the was expired.

Class III

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0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC

Based on observation, resident record review, and interview with the owner, the facility failed to label over-the-counter (OTC) medications with the residents' name for 1 of 1 residents observed with stored OTC medications (Resident #1).

The findings included:

A medication reconciliation for Resident #1 revealed she had an OTC bottle of , 10 milligram (mg) tablets, and an OTC container of One a Day women's . Both bottles were stored in a medication bin, which also contained a 3rd pharmacy-labeled bottle of medication for Resident #1. Neither of the OTC bottles were labeled with Resident #1's name.

Review of the medication observation record found Resident #1 received these medications daily.

An interview was conducted with the owner at 9:51 am on . She acknowledged the requirement to label OTC medications with residents names.

Class III

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

Based on employee record reviews, and interview with the owner, the facility failed to obtain a written statement from a health care provider documenting that the individual does not have any signs or symptoms of ( ), for 1 of 3 sampled employees (the Administrator) whose files were reviewed.

The findings included:

A personnel file review conducted for the Administrator revealed she did not have a statement from a health care practitioner that she was free from signs and symptoms of . The last statement from a health care provider was dated .

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An interview was conducted with the owner on at 10:40 am . She reviewed the file for the Administrator and confirmed the annual statement of freedom from was overdue.

Class III

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

Based on observation, a review of resident and personnel files, and interview with the owner, the facility failed to ensure unlicensed persons who provided assistance with self-administered medications obtained a minimum of 2 hours of continuing education annually, for 2 of 2 sampled employees whose records were reviewed (the owner, and Employee B).

The findings included:

A personnel file review for the owner revealed she worked in the facility since 2012. She had a certificate for assistance with the self-administration of medication, that had expired on ; 2 days before the survey.

A personnel file review for Employee B, Certified Nursing Assistant, found she was hired on . She had a certificate for assistance with the self-administration of medication, that had expired on ; 6 days before the survey.

Review of the medication observation records for Residents #1 and #2 confirmed the owner and Employee B provided assistance with the self-administration of medications.

An interview was conducted with the owner at 10:40 am on . She confirmed she and Employee B provided assistance with the self-administration of medications to the residents. She reviewed the certificates, and stated she thought they were good for 2 years. She acknowledged the requirement for a 2-hour update annually, and confirmed the certifications were no longer valid.

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At 11:27 am on , the owner was observed to provide medications to a resident in the facility (Resident #2).

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on a review of personnel files, and interview with the owner, the facility failed to ensure the certifications for required trainings for major incidents and emergency procedures, and ( ) included dates of participation for 1 of 3 sampled employees (the owner).

The findings included:

A personnel file review was conducted for the owner. The file contained a certificate of completion of training in facility major incidents and emergency procedures did not include a training date. The certificate of completion for training in the facility policy and procedures in ( ) was not dated.

An interview was conducted with the facility owner at 10:40 am on . She confirmed the certificates did not include training dates.

Class III

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

Based on observations, facility record reviews, and interview with the owner, the facility failed to maintain a meal substitution log that noted deviations in the planned menu items served to 2 of 2 sampled residents in the home (Residents #1 and #2).

The findings included:

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During a tour of the facility at 8:40 am, observation of the bulletin board in the kitchen revealed several menu pages signed by a Registered Dietician on . In the refrigerator, multiple covered dishes containing what appeared to be leftover foods were observed. None were dated or labeled with the contents of the containers. The owner stated that the large casserole in the refrigerator had been recently prepared by Resident #1's mother. The owner then stated they really did not follow the posted menus at mealtime.

An observation of the lunch meal was conducted at 11:35 am on . The casserole that Resident #1's mother was alleged to have prepared was heated up in the microwave oven and served to both residents. The owner stated at this time that she believed the casserole contained noodles, plantains, vegetables, ground beef, and cheese. When asked at this time if she noted the meal substitution for today, she replied no. She confirmed that no substitution menus were maintained in the facility, and acknowledged the requirements to do so.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on resident record review, and interview with the owner, the facility failed to execute a new resident contract for 1 of 2 residents who had a rate increase (Resident #2).

The findings included:

A review of Resident #2's record revealed a resident contract dated reflecting a monthly rate of $ 2500.00.

In an interview with the owner at 9:35 am on , she stated she had increased Resident #2's monthly rate to $3000.00 per month 8 months ago. When asked if a new contract was executed, she said no. The owner acknowledged the requirement for a new contract, and confirmed she should have executed one when Resident #2's rate increased.

Class III

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

Based on employee record review, review of the AHCA background clearinghouse website, and interview with the owner, the facility failed to maintain the employment status of all employees within the clearinghouse for 3 of 3 employees whose records were reviewed (the owner, Employee B, and the Administrator).

The findings included:

A review of the AHCA background screening clearinghouse website conducted on at 12:45 pm revealed there were no employees listed on the roster. It was blank.

An interview was conducted with the owner at 12:55 pm on . She stated she was not the one responsible for maintaining the roster, Employee B was. She was not aware the roster was not up to date.

Unclassified