STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967140	**08/10/2017**
NAME OF PROVIDER OR SUPPLIER **L & L SENIOR CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1161 NIGHTINGALE AVENUE** **MIAMI SPRINGS, FL 33166**	

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

0000 - Initial Comments

A change of ownership survey was conducted on , 2017. L & L Senior Care, Inc with Limited Mental Health component and license # 11229 had the following deficiencies identified at time of the survey:

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

Based on record review and interview, the Assisted Living Facility failed to update the health assessment (AHCA form 1823) for one (#4) out of seven sampled residents after the resident experienced a change of condition.

Findings included:

Review of Resident #4's record revealed that Health Assessment (AHCA form 1823) completed on showed that the Resident needed assistance for ambulation, transferring, eating, self-care, toileting, bathing and dressing. Resident was not bedridden. It did not indicate that the Resident received hospice services.

In an interview on at 7:22 AM Staff B revealed that Resident #4 needed total care.

Class III

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

Based on record review and interview, the Assisted Living Facility failed to ensure that Administrator had the a minimum, a high school diploma or G.E.D. and completed the CORE competency test requirements no later than 90 days after becoming employed as a facility administrator.

Findings included:

A review of Administrator's personnel file revealed that there was no documentation of, at a minimum, a high school diploma or general equivalency diploma (G.E.D.)

In an interview on at 9:02 AM Staff B revealed that there was no documentation of the Administrator's high school in the facility at the time of the survey.

Review Background screening database for providers showed that facility's employee roster had an Administrator with a hire date of .

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In an interview on at 8:52 AM Staff B revealed that the Administrator would take the CORE test on .

Class III

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

Based on interview and record review, the Assisted Living Facility failed to ensure that one of five sampled staff complete a one-time education course on / / (/) within 30 days of employment (Staff D).

Findings included:

A review of Staff Member D's personnel file revealed that hire date was on . There was no documentation that Staff D completed at least one hour of training on / .

In an interview on at 9:51 AM Staff B revealed that Staff D did not have / training.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview, the Assisted Living Facility failed to provide documentation of the employment application, with references furnished for one (Administrator) out of five sampled staff.

Findings included:

A review of the Administrator's personnel file revealed that the application was incomplete. It did not have any references. The administrator did not sign nor date the application for employment.

In an interview on at 8:40 AM Staff B stated, "That is true, it is missing signature, references and date."

Class III

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

Based on record review and interview, the Assisted Living Facility failed to weigh residents receiving

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SUMMARY STATEMENT OF DEFICIENCIES
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assistance with the activities of daily living semi-annually for one (#4) out of seven sampled residents.

Findings included:

A review of Resident #4's Health Assessment (AHCA form 1823) completed on showed that the Resident needed assistance with ambulation, transferring, eating, self-care, toileting, bathing and dressing. There was a note on that stated, "Unable to get weight." Last weight recorded was on .

On at 7:22 AM, Staff B revealed that Resident #4 needed total care. In a further interview at 11:40 AM, Staff B revealed that the facility was not able to weigh the Resident.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview, the Assisted Living Facility failed to maintain a signed Attestation of Compliance with Background Screening Requirements for one out of five sampled staff (Staff C) .

Findings included:

A review of Staff C's personnel record revealed that there was no proof of the signed Attestation of Compliance with Background Screening.

On at 9:22 AM Staff B revealed that Staff C did not complete the Attestation of Compliance with Background Screening Requirements.

Unclassified

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

Based on record review and interview, the Assisted Living Facility failed to maintain a current roster of all employees and failed to record any changes in status within 10 business days within the Background Screening Clearinghouse database.

Findings included:

A review of the Background Screening Clearinghouse database showed that facility's employee roster did not list Staff C. Staff E showed as an active employee.

A review of Staff C's personnel file revealed that hire date was on .

A review of Staff Member H's personnel file revealed that hire date was on .

On at 8:10 AM Staff C stated, "I started working here like two months ago."

On at 8:11 AM Staff B revealed that Staff E stopped working in the facility on .

Unclassified