STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968139	R 10/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CR LOVING CARE INC	**74 PRINCE MICHAEL LN** **PALM COAST, FL 32164**

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

0000 - Initial Comments

A revisit to the biennial licensure survey was conducted at CR Loving Care, Inc. (License Number: 12093) on . . . . . 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 1823 that had been signed by a health care practitioner on . The final page of the 1823, which listed services provided by the facility, was dated . . . . . .

A record review for Resident #2 revealed an AHCA form 1823 signed by the examiner on ; 7 years ago. The list of medications for Resident #2 was not included, nor was the assessment of the type of assist Resident #2 required with self-administration of her medication. The final page of the 1823, which listed services provided by the facility, was dated . . . . . .

An interview was conducted with Employee B, Caregiver, at 11:20 am on . She reviewed the health assessments for Residents #1 and #2, and confirmed they were incomplete, and with multiple dates per assessment. She confirmed the 1823 for Resident #2 was completed 7 years ago.

A telephone interview was conducted with the Administrator at 11:45 am on . . . . . She acknowledged the findings for Residents #1 and #2, and stated she would obtain updated 1823s for both residents this week.

This was previously cited by a representative of this agency on .

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III