

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922332	(X3) DATE SURVEY COMPLETED 10/10/2017
NAME OF PROVIDER OR SUPPLIER LOVING CARE RETIREMENT SERVICE	STREET ADDRESS, CITY, STATE, ZIP CODE 380 NW SOUTH RIVER DRIVE MIAMI, FL 33128	

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

0000 - Initial Comments

A standard biennial survey was conducted on . Loving Care Retirement Services, Inc. with a Limited Mental Health component license #8157 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 have a face medical examination within 30 days of admission for 1 out of 10 sampled residents (Resident # 8).

Findings included:

Review of the admission / discharge log revealed that Resident # 8 was admitted on .

Review of Resident # 8's record revealed that there was no documentation of a completed health assessment.

On at 10:26 AM, the Administrator stated that Resident # 8 had been in an out of the hospital since he was admitted, because he had some clots and some pain, so he came one day and went back another. The Administrator stated that was the reason why the resident did not have the health assessment.

Class III

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

Based on observation, record review, and interview, the facility failed to ensure that one of eight sampled staff had documentation of 2 hours of continuing education training annually in the area of assistance with self-administration of medication (Staff G).

Findings included:

A review of the personnel record revealed that Staff G (hired date), had received 4 hours of initial training in assistance with self-administration of medication dated, but there was no documentation of 2 hours of continuing education training annually.

On at 11:30 AM, the Administrator stated that she did not know what had happened because she checked the file before and Staff G had all the trainings up to date.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922332	(X3) DATE SURVEY COMPLETED 10/10/2017
NAME OF PROVIDER OR SUPPLIER LOVING CARE RETIREMENT SERVICE	STREET ADDRESS, CITY, STATE, ZIP CODE 380 NW SOUTH RIVER DRIVE MIAMI, FL 33128	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
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 eight sampled employees had received 6 hours of initial training regarding Limited Mental Health (Staff H). Findings included: A review of Staff H's (hired date) employee record showed that there was no documentation of 6 hours of initial training regarding Limited Mental Health. On at 11:30 AM, the Administrator stated that she thought staff H had taken already the training. The Administrator was going to schedule Staff H to have the training as soon as possible. Class III		