STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932590	**10/23/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR LOVING MOTHER ELDERLY CARE, INC	**1635 WEST 65 STREET HIALEAH, FL 33012**

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

0000 - Initial Comments

A standard biennial survey was conducted on , 2017. Our Loving Mother Elderly Care, Inc. with limited nursing services and limited mental health components, license number 8128 had the following deficiencies identified at the time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview, the Assisted Living Facility failed to have a copy of the annual satisfactory sanitation inspection.

Findings included:

Record review revealed the facility's last health inspection on record was on .

In an interview on at 10:30 AM the Administrator revealed that requested the inspection a month ago but they haven't come to the facility, yet.

Class III

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

Based on record review and interview, the Assisted Living Facility failed to conduct the resident elopement drills twice a year. The facility failed to have a photo identification of at risk residents on file within 10 days of being assessed at risk for elopement subsequent to admission for one (#2) out of six sampled residents.

Findings included:

The facility's last elopement drills on record were on , , and .

In an interview on at 10:38 AM the Administrator revealed that residents did not elope from facility therefore, facility did not need to do drill according to what someone explained to Administrator.

Review of Resident #2's health assessment (AHCA form 1823) completed on showed that Resident had and was elopement risk.

Class III

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0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the Assisted Living Facility failed to complete the Medication Observation Records (MORs) accurately for one (#4) out of six sampled residents.

Findings included:

Review on Resident #4's MORs revealed that there was an order of Toujeo 300 units/ ML- inject 40 units daily. Staff B initialed it daily at 9:00 AM.

In an interview on at 8:10 AM Resident #4 revealed the resident self-administered . Resident #4 had an pen, dialed the 40 units and administered in the abdomen. Staff just stored it.

In an interview on at 10:05 AM Staff A revealed that staff signed Resident #4's because staff handled it but staff did not administer the .

There was a doctor's order on record dated indicating that Resident #4 can self-administered as order.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview, the Assisted Living Facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings included:

Observation on at 7:10 AM revealed that Staff A took care of five Residents.

The facility did not have a written work schedule that reflects its 24-hour staffing pattern.

In an interview on at 10:44 AM Staff A revealed that the written work schedule should be posted in the bulletin board; it probably .

Class III

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

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Based on observation, record review and interview, the Assisted Living Facility failed to ensure that staff who provide direct care to residents obtained that required training within 30 days of employment for one (Staff A) out two sampled staff.

Findings included:

Observation on at 7:10 AM revealed that Staff A took care of five Residents.

Review of Staff A's record revealed that hire date was on . Staff A did not have proof of completing the following training:
- Reporting major incidents.
- Reporting adverse incidents.
- Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
- Resident rights in an assisted living facility.
- Recognizing and reporting resident , neglect, and .
- Resident behavior and needs.
- Providing assistance with the activities of daily living.
- Facility's resident elopement response policies and procedures.

In an interview on at 1:00 PM Staff A revealed that staff's training were on record. Staff A was HHA (Home Health Aide) but has not brought the training to the facility.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the Assisted Living Facility failed to keep an up-to-date admission and discharge log.

Findings included:

Review of admission and discharge log revealed Resident #6 did not have a discharge date.

In an interview on at 10:25 AM Staff A revealed Resident #6 was at her daughter's because resident did not want to live in a facility. Resident #6 moved after the hurricane in .

In an interview on at 10:29 AM the Administrator revealed that Resident #6 stayed for just one

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month.

Class III

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

Based on record review and interview, the Assisted Living Facility failed to have a complete records including contracts and other admission forms for three (#3, #1 and #2) out of six sampled residents.

Findings included:

Review of Resident #3's records revealed it did not have a provision giving at least 30 days written notice prior to any rate increase. And the facility's policies and procedures related to a properly executed .

Review of Resident #1's records revealed it did not have a provision giving at least 30 days written notice prior to any rate increase. And the facility's policies and procedures related to a properly executed .

In an interview on at 7:28 AM Resident #1 revealed that facility did not inform the resident that facility could increase the rate.

Review of Resident #2's record revealed it did not have a copy of the written informed consent that allowed unlicensed staff assisting the resident with the self-administration of medication. Also, Resident #2 did not have a copy of an executed contract

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that staff received a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses within six months of employment for one out of two sampled staff (Staff A).

Findings included:

A review of Staff A 's personnel record revealed that hire date was . The facility did not have any documenatation that Staff A completed the minimum of 6 hours of specialized training in working with individuals with mental health diagnoses.

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In an interview on ..... at 1:27 PM the Administrator revealed that Staff A had the LMH (Limited Mental Health) training but Administrator did not find it.

Class III

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on record review and interview, the Assisted Living Facility failed to maintain documentation of the qualifications of nurses providing limited nursing services (LNS) in the facility's personnel files.

Findings included:

Record review of the Registered Nurse contracted by the facility to provide LNS revealed that his license expired on .

In an interview on at 1:30 PM the Administrator revealed that will request the copy of new license to the Registered Nurse.

Class III

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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 the eligibility results of employee screening and the signed Attestation of Compliance with Background Screening Requirements in the employee's personnel file for Administrator.

Findings included:

Review of Administrator's record revealed that there was no a signed Attestation of Compliance with Background Screening Requirements. The eligibility results of Administrator background screening in record was for .

Review of Background Screening database showed the Administrator's screening had an eligible status dated .

Review of Staff A's record revealed that there was no a signed Attestation of Compliance with Background Screening Requirements.

In an interview on at 1:28 PM the Administrator revealed that Administrator will print out the new background screening result and complete the Attestation of Compliance form for Administrator and Staff A.

Unclassified

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

Based on record review and interview, the Assisted Living Facility failed to maintain the employment status of all employees within the clearinghouse and any changes in status must be reported within 10 business days.

Findings included:

Review Background screening database for providers showed that facility's employee roster did not have any employees listed.

Review of Administrator's personnel file revealed that hire date was on . Review of Staff A's personnel file revealed that hire date was on .

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In an interview on at 1:30 PM the Administrator revealed the Administrator did not know about the background screening's employee roster.

Unclassified