STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	**09/21/2017**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE HOME LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 SE THANKSGIVING AVE** **PORT SAINT LUCIE, FL 34984**	

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

0000 - Initial Comments

An unannounced CHOW (Change of Ownership) survey was conducted on at The Loving Care Home LLC, License #11135. The facility had deficiencies at the time of the visit.

0009 - Admissions - Admission Package - 58A-5.0181(3) FAC; 400.0078(2)

Based on interview and record review it was determined the facility failed to provide a copy of the facility's resident contract containing all required information that meets Rule 58A-5.025, F.A.C. for 2 of 2 sampled residents (Resident #2 and Resident #3).

The findings include:

During interview and resident record reviews conducted with the Administrator, on beginning at approximately 11:10 AM, for Resident #2 and Resident #3 the Administrator was asked to provided files for these 2 residents. The Administrator stated she does not have any files for these 2 residents as she has not had a chance to make the files. She was asked to provide a signed residency agreement/contract for Resident #2 and Resident #3. The Administrator stated she had not developed or obtained signed residency agreements/contracts for Resident #2 or Resident #3. She stated they were just admitted to the facility. She was asked to provide the facility's admission and discharge records and was unable to locate this documentation (please see A160 for details). The Administrator then reviewed her smart-phone and stated that Resident #2 and Resident #3 were admitted to the facility on . She acknowledged they were admitted two weeks ago and that she still had not obtained any documentation, including residency agreement/contract for these 2 residents.

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on interviews, observation, and record review, it was determined the facility failed to provide an ongoing activities program 6 days per week for a minimum of 12 hours per week for 3 of 3 alert and oriented residents interviewed (Residents #1, #2, and #4).

The findings include:

During observation of the facility conducted on beginning at approximately 7:55 AM - 1:30 PM there were no resident activities observed.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	09/21/2017
NAME OF PROVIDER OR SUPPLIER **LOVING CARE HOME LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 SE THANKSGIVING AVE PORT SAINT LUCIE, FL 34984**	

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

During interview with Resident #1, conducted on beginning at approximately 9:15 AM, he stated the facility does not conduct activities. He stated he sometimes does exercises on his own on the patio. During interview with Resident #2, conducted on beginning at approximately 11:45 AM, she stated the facility does not conduct any activities for the residents. During interview with Resident #4, conducted on beginning at approximately 10:35 AM, he stated he is not aware of any activities offered by this facility.

During interview conducted with Staff A (date of hire noted as and schedule reflects she works Monday-Friday; 9:00 AM - 5:00 PM), on at approximately 12:30 PM, she stated she does not conduct any activities with the residents of this facility. This staff schedule only reflects Staff A during the above noted hours.

Observation of the living a large "wipe off board" that noted (1 year ago) that dominoes and trivial pursuit were scheduled (no time noted). (Picture obtained).

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and interview it was determined the facility failed to provide access to adequate and appropriate health care consistent with established and recognized standards within the community, specifically related to hand washing/sanitizing when providing assistance with resident medications, for 2 of 2 sampled staff (Staff B and Staff C).

The findings include:

1) During observation of Staff B providing assistance with the self administration of medications for Resident #1, on beginning at approximately 8:55 AM, Staff B was observed to "pop" the following pills out of the "bingo style" medication container/cards into her bare unwashed/unsanitized hands:

a. DR 500mg
b. 25mg
c. 5mg
d. Clopidrogel 75mg

2) During observation of Staff C providing assistance with the self administration of medications for Resident #4, on beginning at approximately 10:20 AM, Staff C was not observed to wash or

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	09/21/2017
NAME OF PROVIDER OR SUPPLIER **LOVING CARE HOME LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 SE THANKSGIVING AVE** **PORT SAINT LUCIE, FL 34984**	

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

sanitize her hands at any time. She applied a glove to her right hand only. The following medications were provided to Resident #4 by Staff C without proper hand hygiene being utilized:

a. DR 30mg
b. 5mg
c. 60mg
d. 20mg
e. 0.4mg
f. 5mg
g. 25mg
h. 50mg

During exit conference conducted with the Administrator, on beginning at approximately 1:15 PM, she was informed of staff failure to wash/sanitize hands during medication observation. She acknowledged understanding.

Class III

0051 - Medication - Pill Organizers - 58A-5.0185(2) FAC

Based on observation and interview, it was determined the facility permitted a non-nurse (Staff B, a Patient Care Attendant) to fill/manage a weekly pill organizer for a resident that requires assistance with the self administration of medications, for 1 of 1 sampled residents that utilizes a weekly pill organizer (Resident #2).

The findings include:

During observation of and interview with Staff B (a Patient Care Attendant), conducted on beginning at approximately 10:45 AM, Staff B was observed to obtain a weekly pill box from the medication cart. She was asked who placed the medications in that pill box. Staff B stated she did. She was asked if she has a nursing license. She stated she did not and that she is a Patient Care Attendant. She was asked if she had taken the course "Providing Assistance with the Self-Administration of Medications". She stated she had. Staff B was asked who does that pill box belong to. She replied Resident #2. Staff B was asked if she was aware that non-nurses are not permitted to utilize/fill pill boxes. She replied she was not aware of that.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	09/21/2017
NAME OF PROVIDER OR SUPPLIER **LOVING CARE HOME LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 SE THANKSGIVING AVE** **PORT SAINT LUCIE, FL 34984**	

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

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

Based on observation, interview, and record review it was determined the facility failed to conspicuously post or make easily available the current menu for the residents of this facility. In addition, it was determined the facility failed to maintain documentation of menu substitutions that are to be noted before or when the meal is served and kept on file for at least 6 months.

Based on observation, interview, and record review it was determined the facility failed to maintain a 3-day supply of non-perishable food (based on resident census) on hand at all times and it was also determined the facility failed to maintain a sufficient supply of drinking water and water for food preparation on hand at all times for a census of 4 of 4 residents (Residents #1, #2, #3, and #4).

The findings include:

1) During initial tour of the facility, conducted on beginning at approximately 8:00 AM, the only menu posted was dated - . During interview conducted with Staff B, on beginning at approximately 8:30 AM, she was asked where the current menu is posted. She pointed to the bulletin board that contained the menu dated - . She was questioned as to why it did not have the current week's date. She stated she did not know and to ask the Administrator.

During interview conducted with the Administrator, on beginning at approximately 10:15 AM, she was asked where the current menu is posted. She acknowledged that it was not posted and that she carries it with her so nothing happens to it. She stated she was not aware it was to be posted or available to the residents of the facility or for the staff to utilize or reference in preparing meals. The Administrator was asked if facility staff makes substitutions to the menu. She confirmed that they do. She was asked where this documentation is maintained. She stated she was not aware this needed to be documented anywhere.

2) During observation of the facility's non-perishable food items conducted with the Administrator, on beginning at approximately 10:05 AM, she provided the facility's disaster menu (dated: - developed by a Registered Dietitian) for review. This menu noted the following protein items:

a. Tuna
b. Canned Chicken or Canned Meat
c. Assorted Canned Meat Pasta
d. Beef Stew or Chicken & Dumplings

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	09/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING CARE HOME LLC (THE)	534 SE THANKSGIVING AVE PORT SAINT LUCIE, FL 34984

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

e. Chili with Beef

The Administrator acknowledged that the above noted items were not on site at the time of this review. She also acknowledged the facility did not have any paper products (i.e. paper plates, paper bowls, cups, utensils, or napkins) on site for use during a disaster. The Administrator was then asked to show this surveyor how much potable water is on site for use during a disaster. She pointed out 3 gallons of water in the disaster pantry. She acknowledged this was not enough for a census of 4 residents for 3 days.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview it was determined the facility failed to provide a safe living environment, specifically related to roaches and the disrepair or unsanitary condition of kitchen appliances.

The findings include:

1) An observational tour of the facility was conducted on . . . . . beginning at approximately 8:00 AM. There were multiple small brown roaches observed in the kitchen. They were crawling on kitchen floor; kitchen countertops next to a loaf of bread; on 3-gallon water bottle on kitchen countertop; over dishes in sink rack; inside the rusty microwave; next to the dog bowl on the floor near resident dining area; on top of the medication cabinet/cart; in the shared . . . . . the floor and on the sink countertop. Pictures were obtained.

During interview conducted with Resident #1, on beginning at approximately 9:15 AM, he stated, "I have noticed roaches everywhere, including my . . . ." He was asked if he had reported this to anyone. He replied, "I have not told anyone, they can see them everywhere." He then stated, "They need to get rid of them."

During interview conducted with Resident #4, on . . . . . beginning at approximately 10:35 AM, he stated, "Roaches are a problem here. Small roaches crawling about."

During interview conducted with Staff B, on beginning at approximately 9:00 AM, she acknowledged the presence of the roaches that were pointed out by this surveyor. She stated she was not aware the roaches were as bad as they were. During interview conducted with the Administrator, on . . . . . beginning at approximately 10:05 AM, she stated she was also not aware the roaches had

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	09/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING CARE HOME LLC (THE)	534 SE THANKSGIVING AVE PORT SAINT LUCIE, FL 34984

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

gotten this bad. She stated they were attempting to treat them on their own (without professional exterminating/pest services) by putting down "white pills" under the kitchen sink (pictures obtained). She acknowledged this measure was apparently not working to control the roaches in the facility.

2) The microwave contained multiple quarter-sized areas of rust on the interior. Staff B acknowledged this on at approximately 9:00 AM.

3) The 4-slice toaster was encrusted with build-up and crumb debris. Staff B acknowledged this on at approximately 9:00 AM.

Class III

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

Based on interview it was determined the facility failed to maintain an up-to-date admission and discharge log listing the names of all residents with their date of admission; the facility or place from which the resident was admitted; date of discharge; reason for discharge; and location of discharge for 4 of 4 sampled current residents of this facility (Residents #1, #,2, #3, and #4) and 6 of 6 sampled discharged residents (Residents #5, #6, #7, #8, #9, and #10).

The findings include:

During interview conducted with the Administrator (upon her arrival), on beginning at approximately 9:55 AM, she was asked to provide the facility's admission and discharge log. She stated she would have to locate the admission and discharge log as she was not sure where it was located. During subsequent interview conducted with the Administrator, on beginning at approximately 11:10 AM, she was again asked about the status of the admission and discharge log for this facility. She acknowledged she was not able to locate this documentation and that she has not maintained this documentation in an up-to-date manner for the 4 current residents of this facility (Residents #1, #2, #3, and #4) and for the 6 sampled discharged residents (Residents #5, #6, #7, #8, #9, and #10).

Class

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

Based on observation, interview, and record review it was determined the Administrator of the the facility failed to maintain personnel records which contains, at a minimum, documentation of a background screening and all training requirements for 4 of 5 sampled staff (Staff A, Staff B, Staff I and Staff J).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	**09/21/2017**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE HOME LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 SE THANKSGIVING AVE** **PORT SAINT LUCIE, FL 34984**	

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

The findings include:

1) Upon entrance to the facility on beginning at approximately 7:55 AM, Staff I answered the door. She was informed of the purpose of this inspection. She stated she was only there to "help out as the regular staff member had car trouble this morning". She was asked if she was an employee of this facility. She replied she was not. She was asked if there were any other staff/employees in the facility at the time of this observation. She replied, "No." She confirmed she was the only person on site, besides the "patients that live here". She was asked when she arrived. She replied, "About 6:00 AM". She was asked if she had any training. She replied, "No." She called Staff B and informed her of this inspection. Upon the arrival of Staff B, on at approximately 8:30 AM, she was asked about the status of Staff I. Staff B stated, "She was only here to help out because the regular staff member was having car trouble." Staff B was asked if Staff I had a level 2 background screening or any training. Staff B confirmed that Staff I did not have a level 2 background screening or training. Staff B sent Staff I home.

Staff J arrived at the facility on at approximately 9:25 AM. Staff B stated she had called in Staff J as she is a CNA (Certified Nursing Assistant) to help out because the regular staff member is still having car trouble. Staff B was asked if a level 2 background screening or any training had been conducted for Staff J. Staff B confirmed there was no level 2 background screening or training and that this is Staff J's first day. Staff J was asked, at this time, if this was her first day. She confirmed that is was. Staff J was asked if she had any Assisted Living Facility experience. Staff J confirmed that she did not. Staff B was informed that Staff J could not be utilized by the facility to provide care to residents until all requirements had been met. Staff B sent Staff J home.

During interview conducted with the Administrator (upon her arrival), on at approximately 9:55 AM, she was informed that Staff I and Staff J were called in "to help out" without meeting minimum training and level 2 background screening requirements. She stated they had no choice because Staff A (regular staff member scheduled Monday - Friday; 9:00 AM - 5:00 PM)) had car trouble and could not be here.

2) During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:00 AM, she was asked to provide all personnel records for the only 3 noted staff on the staff schedule and the 2 individuals on site on . The Administrator provided personnel records for three of these individuals. She acknowledged she did not have personnel files for Staff I and Staff J. She was asked if all required documentation is included in these records. She stated that is all she has on file for them. As there were no files for Staff I and Staff J

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	09/21/2017
NAME OF PROVIDER OR SUPPLIER **LOVING CARE HOME LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 SE THANKSGIVING AVE** **PORT SAINT LUCIE, FL 34984**	

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

there was no documentation of the required 1 hour of inservice training on control, including universal precautions, and facility sanitation procedures before providing personal care to residents.

3) During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:00 AM she was asked to provide all personnel records for the only 3 noted staff on the staff schedule. The Administrator provided personnel records for these individuals. She was asked if all documentation is included in these records. She stated that is all she has on file for them. The following staff members did not have the following required documentation of completion of the trainings noted as acknowledged by the Administrator:

a. Staff A: date of hire noted as ; Activities of Daily Living (3 hours) as no documentation she is a CNA (Certified Nursing Assistant); Elopement Response; Emergency Preparedness and Evacuation; Incident Reporting; and Recognizing/Reporting , Neglect, and ,

b. Staff B: date of hire noted as ; Elopement Response; Emergency Preparedness and Evacuation; and Incident Reporting

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation, interview, and record review it was determined the facility failed to ensure staff provided assistance with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule, specifically related to identifying each medication prior to providing assistance with the medication for 2 of 2 sampled residents (Resident #1 and Resident #4).

The findings include:

1) During observation of Staff B providing assistance with the self administration of medications for Resident #1, on beginning at approximately 8:55 AM, Staff B failed to identify the name of any of the following medications to this resident at any time during this observation:

a. , DR 500mg
b. , 25mg
c. , , 5mg
d. Clopidrogel 75mg

2) During observation of Staff C providing assistance with the self administration of medications for

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	**09/21/2017**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE HOME LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 SE THANKSGIVING AVE** **PORT SAINT LUCIE, FL 34984**	

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

Resident #4, on beginning at approximately 10:20 AM, Staff C failed to identify the name of any of the following medications to this resident at any time during this observation:

a. DR 30mg
b. 5mg
c. 60mg
d. 20mg
e. 0.4mg
f. 5mg
g. 25mg
h. 50mg

During exit conference conducted with the Administrator, on beginning at approximately 1:15 PM, she was informed of staff failure to identify the medications to each resident during medication observation. She acknowledged understanding.

Class III

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

Based on observation, interview, and record review it was determined the facility failed to ensure that the MOR (Medication Observation Record) was immediately updated each time the medication is offered or administered for 2 of 2 sampled residents (Resident #1 and Resident #4).

The findings include:

1) During observation of Staff B providing assistance with the self administration of medications for Resident #1, on beginning at approximately 8:55 AM, Staff B failed to update the MOR (Medication Observation Record) at any time during this observation for the medication noted below:

a. DR 500mg
b. 25mg
c. 5mg
d. Clopidrogel 75mg

In addition, Staff B acknowledged during this interview and review of Resident #1's MOR that the 9:00 PM scheduled medications were not initialed as having been provided on and as follows:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	**09/21/2017**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE HOME LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 SE THANKSGIVING AVE** **PORT SAINT LUCIE, FL 34984**	

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

a. 40mg
b. 10mg
c. 25mg

Also, Staff B acknowledged during this interview and review of Resident #1's MOR that all scheduled medications were not initialed as having been provided on as follows:

a. 1mg
b. 20mg (along with monitoring as this medication as parameters to hold)
c. 50mg
d. 25mg
e. 500mg
f. 40mg
g. 10mg
h. 25mg
i. Clopidrogel 75mg
j. 5mg
k. 10mg

2) During observation of Staff C providing assistance with the self administration of medications for Resident #4, on beginning at approximately 10:20 AM, Staff C failed to update the MOR (Medication Observation Record) at any time during this observation for the medication noted below:

a. DR 30mg
b. 5mg
c. 60mg
d. 20mg
e. 0.4mg
f. 5mg
g. 25mg
h. 50mg

During exit conference conducted with the Administrator, on beginning at approximately 1:15 PM, she was informed of staff failure to update the MOR for each resident's medication during medication observation. She acknowledged understanding.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	09/21/2017
NAME OF PROVIDER OR SUPPLIER **LOVING CARE HOME LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 SE THANKSGIVING AVE** **PORT SAINT LUCIE, FL 34984**	

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

Class III

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

Based on observation, interview, and record review it was determined the facility failed to keep medications in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times for 3 of 4 current residents (Resident #2, Resident #3 Resident #4); 6 of 6 discharged residents (Resident #5, Resident #6, Resident #7, Resident #8, Resident #9, and Resident #10; and OTC (Over the Counter Medications) within the facility.

Based on observation, interview, and record review it was determined the facility failed to ensure that when a resident's stay in the facility has ended, the Administrator must return all medications to the resident or their representative and if after waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may be disposed of in accordance with regulatory requirements for 6 of 6 discharged residents (Resident #5, Resident #6, Resident #7, Resident #8, Resident #9 and Resident #10).

The findings include:

1) During observational tour of the facility, conducted on beginning at approximately 8:00 AM, the following unsecured medications were located and acknowledged by Staff B:

a. Kitchen countertop: , Polistirex (medicine) 3 fl oz bottle with warning not to take medication if already taking certain drugs for , or emotional conditions or Parkinson's ; Extra Strength 500mg tablets (bottle noted with 100 tablets) with an overdose warning on label; and 16 fl oz bottle with warning if taken internally, serious disturbances will result and for external use only.

b. hallway on open shelf above toilet: Max (medicine - sugar free) 4 fl oz bottle with warning not to take medication if already taking certain drugs for or emotional conditions or Parkinson's ; and 32 fluid oz with warning for external use only

c. In kitchen refrigerator: Resident #4 - 1 box of 15 Lantus pens; 1 vial; and 1 Novalog vial. Resident #5 - 1 box of 50 lancets. Resident #9 - 1 box of 15 pens. Resident #10 - 2 bags of 100mg/ml with instructions to infuse over 60 minutes (dated).

d. In small wooden cabinet in living key in door and door open about 3 inches: Resident #3

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	09/21/2017
NAME OF PROVIDER OR SUPPLIER **LOVING CARE HOME LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 SE THANKSGIVING AVE PORT SAINT LUCIE, FL 34984**	

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

bottles of medications as follows - 15mg; 100mg; 10mg; DR 20mg; Prevastatin 40mg; 500mg; 75mg; hbr 20mg; 2mg; 3.125mg; DR 60mg; and . Resident #6 - 50mg. Resident #7 - 50mg and Doxepin 50mg. Resident #8 100mg.

Resident #1, Resident #3, and Resident #4 were observed walking about ad lib throughout the facility with full access to unsecured medications noted in this report.

2) During observational tour of the facility, conducted on beginning at approximately 8:00 AM, the following unsecured medications were located and acknowledged by Staff B for discharged residents: Resident #5 had 1 box of 50 lancets located in the kitchen refrigerator. Resident #6 - 50mg located in unsecured wooden cabinet. Resident #7 - 50mg and Doxepin 50mg located in unsecured wooden cabinet. Resident #8 100mg located in unsecured wooden cabinet. Resident #9 - 1 box of 15 pens was located in unsecured kitchen refrigerator. Resident #10 - 2 bags of 100mg/ml with instructions to infuse over 60 minutes (dated) located in the unsecured kitchen refrigerator. Staff B stated only Resident #1, Resident #2, Resident #3, and Resident #4 are current residents of this facility. She acknowledged that Residents #5- #10 no longer reside at this facility, however, she could not provide discharge dates. She was asked to provide the admission and discharge log for review. She stated she was not aware of that documentation and that the Administrator would have to provide that when she arrived.

During subsequent interview conducted with the Administrator (upon her arrival), on beginning at approximately 9:55 AM, she stated she would have to locate the admission and discharge log as she was not sure where it was located. During additional interview conducted with the Administrator, on beginning at approximately 11:10 AM, she was again asked about the status of the admission and discharge log for this facility. She acknowledged she was not able to locate this documentation and that she has not maintained this documentation in an up-to-date manner. (Please see A160 for details). She was asked if she was aware of the discharge dates of Resident #5, Resident #6, Resident #7, Resident #8, Resident #9, and Resident #10. She stated she did not know these dates. She was asked if she was aware that the facility has unsecured medications for these residents in the kitchen refrigerator and in a wooden cabinet and that there are required timeframes to return or dispose of discharged resident's medications. She stated she was not aware of this.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	09/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING CARE HOME LLC (THE)	534 SE THANKSGIVING AVE PORT SAINT LUCIE, FL 34984

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

Based on observation, interview, and record review it was determined the facility failed to make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medications are filled or refilled in a timely manner for 2 of 2 sampled residents (Resident #1 and Resident #4).

Based on observation, interview, and record review it was determined the facility failed to ensure when a resident's medication order indicated "as needed" the resident's health care provider was contacted and requested to provide revised instructions to include the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified (for example, "as needed for pain, not to exceed 4 tables per day") for 1 of 2 sampled residents (Resident #4).

The findings include:

1) During observation of Staff B providing assistance with the self administration of medications for Resident #1, on beginning at approximately 8:55 AM, Staff B failed to provide this resident with any of the following medications that were noted on his MOR (Medication Observation Log) as follows:

a. , , 1mg (scheduled to be provided at 8:00 AM)
b. , 20mg (scheduled to be provided at 8:00 AM; noted to hold if , is <100, <60)
c. 50mg (scheduled to be provided at 8:00 AM)
*Last dose of the above noted medications were documented as provided on .

During this observation, Staff B was asked why she did not provide Resident #1 with the above noted medications. She stated they were not on the medication cart and not available at this time. She stated she would inform the Administrator when she arrived. During exit conference conducted with the Administrator, on beginning at approximately 1:15 PM, she was asked if Staff B informed her that Resident #1 did not receive the above noted medications this morning. She replied that she was not aware Resident #1 has missed any doses of medication or that they were not available.

2) During observation of Staff C providing assistance with the self administration of medications for Resident #4, on beginning at approximately 10:20 AM, Staff C failed to provide this resident with any of the following medications that were noted on his MOR (Medication Observation Log) as follows:

a. Rosuvastatin 10mg

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	09/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING CARE HOME LLC (THE)	**534 SE THANKSGIVING AVE PORT SAINT LUCIE, FL 34984**

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

*Last dose of the above noted medication was documented as provided on .

During this observation, Staff C was asked why she did not provide Resident #1 with the above noted medication. She stated it was not on the medication cart and not available at this time.

3) During observation of Staff C providing assistance with the self administration of medications for Resident #4, on beginning at approximately 10:20 AM, Staff C was provided Resident #4 with 50mg of . During interview and record review conducted with Staff C, she acknowledged the 2017 MOR indicated 50mg (three times daily) as needed. Staff C was asked if a clarification order was obtained from Resident #4's health care provider specifying what the the "as needed" is for. She replied that had not been done.

Class III

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

Based on observation and interview it was determined the facility failed to ensure that OTC (Over The Counter) products were labeled with the resident's name.

The findings include:

1) During observational tour of the facility, conducted on beginning at approximately 8:00 AM, the following unsecured and unlabeled OTC medications were located and acknowledged by Staff B:

a. Kitchen countertop: , Polistirex (medicine) 3 fl oz bottle with warning not to take medication if already taking certain drugs for or emotional conditions or Parkinson's ; Extra Strength 500mg tablets (bottle noted with 100 tablets) with an overdose warning on label; and 16 fl oz bottle with warning if taken internally, serious disturbances will result and for external use only.

b. hallway on open shelf above toilet: Max (medicine - sugar free) 4 fl oz bottle with warning not to take medication if already taking certain drugs for or emotional conditions or Parkinson's ; and 32 fluid oz with warning for external use only.

Resident #1, Resident #3, and Resident #4 were observed walking about ad lib throughout the facility with full access to unsecured medications noted in this report.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	09/21/2017
NAME OF PROVIDER OR SUPPLIER LOVING CARE HOME LLC (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 534 SE THANKSGIVING AVE PORT SAINT LUCIE, FL 34984	

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

Class III

0076 - ( ) - 58A-5.0186 FAC

Based on interview and record review it was determined the facility failed to provide to each resident or their representative, at the time of admission: Form SCHS-4-2006, "Health Care Advance Directives - The Patient's Right to Decide", or a copy of some other substantially similar document which incorporates information regarding advance directives included in Chapter 765 to 2 of 2 sampled residents (Resident #2 and Resident #3).

The findings include:

During interview and resident record reviews for Resident #2 and Resident #3 the Administrator was asked to provided files for these 2 residents. The Administrator stated she does not have any files for these 2 residents as she has not had a chance to make the files. She was asked to provide documentation reflecting Resident #2 and Resident #3 (or their representatives) had received Health Care Advance Directives information at the time of admission. The Administrator stated she was not aware of this requirement. She stated they were just admitted to the facility. She was asked to provide the facility's admission and discharge records and was unable to locate this documentation (please see A160 for details). The Administrator then reviewed her smart-phone and stated that Resident #2 and Resident #3 were admitted to the facility on . She acknowledged they were admitted two weeks ago and that she still had not obtained any documentation for these 2 residents.

Class III

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

Based on observation and interview it was determined the facility failed: (1) to ensure that at least one staff member who has access to facility and resident records in case of emergency must be in the facility at all times when residents are in the facility.

(2) failed to ensure that a staff member who has completed courses in First Aid and (, ,) and hold currently valid cards documenting completion of such courses is in the facility at all times for 4 of 5 sampled staff (Staff B, Staff C, Staff I, and Staff J).

(3) failed to ensure they have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the resident's scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C. for 4 of

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	09/21/2017
NAME OF PROVIDER OR SUPPLIER **LOVING CARE HOME LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 SE THANKSGIVING AVE** **PORT SAINT LUCIE, FL 34984**	

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

5 sampled staff (Staff B, Staff C, Staff I, and Staff J).

The findings include:

1) Upon entrance to the facility on beginning at approximately 7:55 AM, Staff I answered the door. She was informed of the purpose of this inspection. She stated she was only there to "help out as the regular staff member had car trouble this morning". She was asked if she was an employee of this facility. She replied she was not. She was asked if there were any other staff/employees in the facility at the time of this observation. She replied, "No." She confirmed she was the only person on site, besides the "patients that live here". She was asked when she arrived. She replied, "About 6:00 AM". She was asked if she had any training. She replied, "No." She called Staff B and informed her of this inspection. Upon the arrival of Staff B, on at approximately 8:30 AM, she was asked about the status of Staff I. Staff B stated, "She was only here to help out because the regular staff member was having car trouble." Staff B was asked for all employee records; the facility's admission and discharge log; and all resident records. She stated she did not have access to those items. She stated this surveyor would have to wait until the Administrator arrived as she is the only one with a key to the contains records. Staff B was asked how facility staff would confirmed if a resident had a ( ) if they did not have access to the resident's records. Staff B just shrugged her shoulders up and down.

During interview conducted with the Administrator (upon her arrival), on at approximately 9:55 AM, she confirmed she was the only person with keys to the area that contains the resident and facility records. She also confirmed that the facility currently has 4 residents on site.

2) During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:00 AM, she was asked to provide all personnel records for the only 3 noted staff on the staff schedule and the 2 individuals on site on . The Administrator provided personnel records for three of these individuals. She acknowledged she did not have personnel files for Staff I and Staff J. She was asked if all required documentation is included in these records. She stated that is all she has on file for them. The Administrator acknowledged the following staff members did not have documentation of current or First Aid on file:

a. Staff B: date of hire noted as ; expired and no First Aid documentation on file
b. Staff C: date of hire noted as ; no or First Aid documentation on file
c. Staff I: no or First Aid documentation on file
d. Staff J: no or First Aid documentation on file

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	**09/21/2017**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE HOME LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 SE THANKSGIVING AVE** **PORT SAINT LUCIE, FL 34984**	

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

3) During exit conference conducted with the Administrator, on beginning at approximately 1:15 PM, she acknowledged untrained and unqualified staff were left in sole charge of residents on this date.

a. Staff B: date of hire noted as ; expired and no First Aid documentation on file
b. Staff C: date of hire noted as ; no or First Aid documentation on file
c. Staff I: no or First Aid documentation on file
d. Staff J: no or First Aid documentation on file

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on interview and record review it was determined the facility failed to ensure the Administrator participated in 12 hours of continuing education in topic related to assisted living every 2 years as provided under Section 429.52, F.S.

The findings include:

During personnel record review conducted with the Administrator, on beginning at approximately 11:00 AM, she was provided the opportunity to locate all staff training documentation. She provided all personnel records for review, including her own. Review of the Administrator's personnel record included a copy of the initial Core training that was issued on . The next training documentation was as follows: (8 hours) in various health care related subjects and (6 hours) training in providing assistance with the self administration of medications. However, there was no training documentation in the Administrator's file from - . The Administrator acknowledged this was all the training documentation she had on file.

During exit conference conducted with the Administrator, on beginning at approximately 1:15 PM, she was informed she does not meet the continuing education requirements pursuant to this rule.

(Please refer to A0077).

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	09/21/2017
NAME OF PROVIDER OR SUPPLIER **LOVING CARE HOME LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 SE THANKSGIVING AVE** **PORT SAINT LUCIE, FL 34984**	

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

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

Based on interview and record review it was determined the facility failed to ensure each staff member that provide direct care to the residents must receive the required inservice training in accordance with Rule 59A-8-0095, F.A.C. for 2 of 5 sampled staff (Staff A, Staff B and staff I and staff).

The findings include:

1) During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:00 AM, she was asked to provide all personnel records for the only 3 noted staff on the staff schedule and the 2 individuals on site on . The Administrator provided personnel records for three of these individuals. She acknowledged she did not have personnel files for Staff I and Staff J. She was asked if all required documentation is included in these records. She stated that is all she has on file for them. As there were no files for Staff I and Staff J there was no documentation of the required 1 hour of inservice training on control, including universal precautions, and facility sanitation procedures before providing personal care to residents.

2) During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:00 AM she was asked to provide all personnel records for the only 3 noted staff on the staff schedule. The Administrator provided personnel records for these individuals. She was asked if all documentation is included in these records. She stated that is all she has on file for them. The following staff members did not have the following required documentation of completion of the trainings noted as acknowledged by the Administrator:

a. Staff A: date of hire noted as ; Activities of Daily Living (3 hours) as no documentation she is a CNA (Certified Nursing Assistant); Elopement Response; Emergency Preparedness and Evacuation; Incident Reporting; and Recognizing/Reporting , Neglect, and ,

b. Staff B: date of hire noted as ; Elopement Response; Emergency Preparedness and Evacuation; and Incident Reporting

Class

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

Based on interview and record review it was determined the facility failed to ensure all employees must complete a course on and within 30 days of employment and documentation maintained in accordance with subsection (12) of this rule for 1 of 5 sampled staff (Staff B).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	**09/21/2017**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE HOME LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 SE THANKSGIVING AVE** **PORT SAINT LUCIE, FL 34984**	

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

The findings include:

During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:00 AM she was asked to provide all personnel records for the only 3 noted staff on the staff schedule. The Administrator provided personnel records for these individuals. She was asked if all documentation is included in these records. She stated that is all she has on file for them. The following staff member did not have the following required documentation of completion and training as acknowledged by the Administrator:

a. Staff B with a date of hire noted as .

Class

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on observation, interview, and record review it was determined the facility did not ensure a staff member who has completed courses in First Aid and (,) and holds a currently valid card documenting completion of such courses must be in the facility at all times for 4 of 5 sampled staff (Staff B, Staff C, Staff I and Staff J).

The findings include:

Upon entrance to the facility on beginning at approximately 7:55 AM, Staff I answered the door. She was informed of the purpose of this inspection. She stated she was only there to "help out as the regular staff member had car trouble this morning". She was asked if she was an employee of this facility. She replied she was not. She was asked if there were any other staff/employees in the facility at the time of this observation. She replied, "No." She confirmed she was the only person on site, besides the "patients that live here". She was asked when she arrived. She replied, "About 6:00 AM". She was asked if she had any training. She replied, "No." She called Staff B and informed her of this inspection. Upon the arrival of Staff B, on at approximately 8:30 AM, she was asked about the status of Staff I. Staff B stated, "She was only here to help out because the regular staff member was having car trouble."

During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:00 AM, she was asked to provide all personnel records for the only 3 noted staff on the staff schedule and the 2 individuals on site on . The Administrator provided personnel records for three of these individuals. She acknowledged she did not have personnel files for Staff I and Staff J. She was asked if all required documentation is included in these

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	09/21/2017
NAME OF PROVIDER OR SUPPLIER **LOVING CARE HOME LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 SE THANKSGIVING AVE** **PORT SAINT LUCIE, FL 34984**	

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

records. She stated that is all she has on file for them. The Administrator acknowledged the following staff members did not have documentation of current or First Aid on file:

a. Staff B: date of hire noted as ; expired and no First Aid documentation on file
b. Staff C: date of hire noted as ; no or First Aid documentation on file
c. Staff I: no or First Aid documentation on file
d. Staff J: no or First Aid documentation on file

Class III

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

Based on interview and record review it was determined the facility failed to ensure unlicensed persons who will be providing assistance with the self-administration of medications as described in Rule 58A- , F.A.C., met the training requirements pursuant to Section 429.52(5), F.S., prior to assuming the responsibility and the required training must be provided by a registered nurse or licensed pharmacist that issues a training certificate for 2 of 3 sampled staff (Staff A and Staff B). In addition, the unlicensed staff that provides assistance with the self administration of medications, must obtain, annually a minimum of 2 hours of continuing education training on providing assistance with the self-administered medications and safe medication practices in an assisted living facility and only be provided by a licensed registered nurse or licensed pharmacist for 2 of 3 sampled staff (Staff A and Staff B).

The findings included:

1) During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:00 AM, she was asked to provide all personnel records for the only 3 noted staff on the staff schedule. The Administrator provided personnel records these individuals. She was asked if all required documentation is included in these records. She stated that is all she has on file for them. The following staff members were missing the required medication training documentation:

a. Staff A: with a date of hire noted as ; there was no medication training (initial or updates) on file for this individual and she is the staff member scheduled Monday through Friday from 9:00 AM to 5:00 PM.
b. Staff B: with a date of hire noted as ; the 4 hour medication training dated did not note the trainer's credentials; there was no medication training documentation on file for 2014 and 2015; a 2 hour update training was noted on

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	09/21/2017
NAME OF PROVIDER OR SUPPLIER **LOVING CARE HOME LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 SE THANKSGIVING AVE** **PORT SAINT LUCIE, FL 34984**	

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

During exit conference conducted with the Administrator, on beginning at approximately 1:15 PM, she was reminded Staff A (the facility's primary Patient Care Attendance that provides assistance with the self administration of medications) does not have any medication training documentation. The Administrator was also reminded Staff B does not have the initial or 2 hour update medication training documentation provided by a licensed registered nurse or licensed pharmacist. The Administrator acknowledged understanding.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on interview and record review it was determined the facility failed to ensure that each staff member received at least one hour of training in the facility's policy and procedures regarding (Do No Orders) within 30 days after employment for 1 of 3 sampled staff (Staff A).

The findings include:

During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:00 AM, she was asked to provide all personnel records for the only 3 noted staff on the staff schedule. The Administrator provided personnel records for these individuals. She was asked if all required documentation is included in these records. She stated that is all she has on file for them. The Administrator was informed the only documentation of training for Staff A (date of hire noted as) was dated (approximately 16 months prior to hire), therefore this training would not have covered this facility's policies and procedures regarding . The Administrator acknowledged this was the only training on file for Staff A.

Class III

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

Based on interview and record review it was determined the facility failed to maintain resident record that included: demographic data; orders for medications; a weight record initiated upon admission; informed consent for unlicensed staff to provide assistance with self administration of medications; and a copy of the resident's contract/residency agreement for 2 of 2 sampled residents (Resident #2 and Resident #3).

The findings include:

During interview and resident record reviews, on beginning at approximately 11:10 AM, for

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	09/21/2017
NAME OF PROVIDER OR SUPPLIER **LOVING CARE HOME LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 SE THANKSGIVING AVE PORT SAINT LUCIE, FL 34984**	

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

Resident #2 and Resident #3 the Administrator was asked to provided files for these 2 residents. The Administrator stated she does not have any files for these 2 residents as she has not had a chance to make the files. She was asked to provide a signed residency agreement/contract for Resident #2 and Resident #3. The Administrator stated she had not developed or obtained signed residency agreements/contracts for Resident #2 or Resident #3. She stated they were just admitted to the facility. She was asked to provide the facility's admission and discharge records and was unable to locate this documentation (please see A160 for details). The Administrator then reviewed her smart-phone and stated that Resident #2 and Resident #3 were admitted to the facility on . She acknowledged they were admitted two weeks ago and that she still had not obtained any documentation, including residency agreement/contract for these 2 residents. The Administrator also acknowledged the following items were not on file for Resident #2 and Resident #3 as she does not have any documentation for them:

a. demographic data
b. orders for medications
c. a weight record initiated upon admission
d. informed consent for unlicensed staff to provide assistance with the self administration of medications

Class

0167 - Resident Contracts - 58A-5.025 FAC

Based on interview it was determined the facility failed to offer a contract for execution by the resident of the resident's legal representative before or at the time of admission, including all required components pursuant to Section 429.24, F.S. for 2 of 2 sampled residents (Resident #2 and Resident #3).

The findings include:

During interview and resident record reviews, on beginning at approximately 11:10 AM, for Resident #2 and Resident #3 the Administrator was asked to provided files for these 2 residents. The Administrator stated she does not have any files for these 2 residents as she has not had a chance to make the files. She was asked to provide a signed residency agreement/contract for Resident #2 and Resident #3. The Administrator stated she had not developed or obtained signed residency agreements/contracts for Resident #2 or Resident #3. She stated they were just admitted to the facility. She was asked to provide the facility's admission and discharge records and was unable to locate this documentation (please see A160 for details). The Administrator then reviewed her smart-phone and stated that Resident #2 and Resident #3 were admitted to the facility on . She acknowledged they were admitted two weeks ago and that she still had not obtained any documentation, including

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	09/21/2017
NAME OF PROVIDER OR SUPPLIER **LOVING CARE HOME LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 SE THANKSGIVING AVE PORT SAINT LUCIE, FL 34984**	

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

residency agreement/contract for these 2 residents.

(Please see A0009)

Class

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

Based on interview and record review it was determined the facility failed to maintain an up-to-date background screening clearinghouse roster for 5 of 10 sampled staff reviewed (Staff D, E, F, G, and H).

The findings include:

During review of the facility's background screening clearinghouse roster conducted with the Administrator, on beginning at approximately 11:00 AM, she confirmed that the following staff members do not work for this facility (she could not provide exact termination dates, however, she acknowledged it has been more than 10 business days since they worked for the facility):

a. Staff D: the roster indicated a date of hire as
b. Staff E: the roster indicated a date of hire as
c. Staff F: the roster indicated a date of hire as
d. Staff G: the roster indicated a date of hire as
e. Staff H: the roster indicated a date of hire as

Review of the facility's staffing schedule for , 2017 did not reflect any of the above staff names.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observation, interview, and record review it was determined the facility failed to obtain a level 2 background screening for any person seeking employment with the licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients/residents or have access to resident's personal property, or living areas for 2 of 5 sampled staff (Staff I and Staff J).

The findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	09/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING CARE HOME LLC (THE)	534 SE THANKSGIVING AVE PORT SAINT LUCIE, FL 34984

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

Upon entrance to the facility on beginning at approximately 7:55 AM, Staff I answered the door. She was informed of the purpose of this inspection. She stated she was only one there to "help out as the regular staff member had car trouble this morning". She was asked if she was an employee of this facility. She replied she was not. She was asked if there were any other staff/employees in the facility at the time of this observation. She replied, "No." She confirmed she was the only person on site, besides the "patients that live here". She was asked when she arrived. She replied, "About 6:00 AM". She was asked if she had any training. She replied, "No." She called Staff B and informed her of this inspection. Upon the arrival of Staff B, on at approximately 8:30 AM, she was asked about the status of Staff I. Staff B stated, "She was only here to help out because the regular staff member was having car trouble." Staff B was asked if Staff I had a level 2 background screening. Staff B confirmed that Staff I did not have a level 2 background screening. Staff B sent Staff I home.

Staff J arrived at the facility on at approximately 9:25 AM. Staff B stated she had called in Staff J as she is a CNA (Certified Nursing Assistant) to help out because the regular staff member is still having car trouble. Staff B was asked if a level 2 background screening had been conducted for Staff J. Staff B confirmed there was no level 2 background screening and that this is Staff J's first day. Staff J was asked, at this time, if this was her first day. She confirmed that is was. Staff J was asked if she had any Assisted Living Facility experience. Staff J confirmed that she did not. Staff B was informed that Staff J could not be utilized by the facility to provide care to residents until all requirements had been met. Staff B sent Staff J home.

During interview conducted with the Administrator (upon her arrival), on at approximately 9:55 AM, she was informed that Staff I and Staff J were called in "to help out" without meeting level 2 background screening requirements. She stated they had no choice because Staff A (regular staff member scheduled Monday - Friday; 9:00 AM - 5:00 PM)) had car trouble and could not be here.

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on interview and record review it was determined the facility failed to ensure each employee subject to screening has not had a break in service from a position that requires a level 2 screening for more than 90 days for 1 of 3 sampled current staff (Staff B).

Based on interview and record review it was determined the facility failed to obtain an attestation of compliance with chapter 435 and this section utilizing agency forms for 1 of 3 sampled current staff (Staff B) and 2 of 2 sampled additional staff observed on facility premises during this inspection (Staff I and Staff J).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967020	**09/21/2017**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE HOME LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 SE THANKSGIVING AVE** **PORT SAINT LUCIE, FL 34984**	

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

The findings included:

1) During personnel record review conducted with the Administrator, on . . . . . beginning at approximately 11:00 AM, Staff B's file was reviewed and the Administrator verified Staff B's date of hire as . . . . . . The Administrator also verified Staff B's last level 2 background screening was dated . . The Administrator was asked how the facility verified if there had or had not been a break in service that exceeded 90 days from an employer that requires a level 2 background screening. She stated they did not do that. The Administrator acknowledged that Staff B's employment application, dated . . . . . , reflected her only employment history as "self-employed" from 2006 - 2016 "still there." The Administrator stated she was not aware that she needed to obtain an updated background screening for Staff B.

2) During personnel record review conducted with the Administrator, on . . . . . beginning at approximately 11:00 AM, she was asked to locate the required attestation of compliance with chapter 435 for Staff B. She stated she could not locate this documentation. She was asked to locate the attestation of compliance with chapter 435 for Staff I and Staff J. She stated she has no files or documentation for these individuals. (please see Z815)

Unclassified.