STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932590	R 12/12/2017
NAME OF PROVIDER OR SUPPLIER **OUR LOVING MOTHER ELDERLY CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **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 revisit survey was conducted on . Our Loving Mother Elderly Care, Inc. with limited nursing services and limited mental health components, license number 8128 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 completed medical examination within 30 days of admission for one out of three sampled residents (Resident # 2).

Findings included:

Review of the admission / discharge log revealed that Resident #1 was admitted on .

Review of Resident #2's record revealed it did not have a health assessment completed.

On at 10:00 AM the caregiver stated she did not know why this resident did not have the health assessment because the Administrator had brought the health assessment to the facility and she did not know where he put it.

Class III

0127 - Fiscal - Liability Insurance - 429.275 (3) FS; 58A-5.021(4) FAC

Based on record review and interview the facility failed to have proof of liability insurance.

Findings included:

Record review revealed the facility did not have proof of liability insurance.

On at 8:15 AM phone interview with the Administrator revealed it should be on the board but he could not come to the facility at that time. The liability insurance was not located.

Class III

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

Based on record review and interview the facility failed to have an up to date emergency management plan and fire inspection.

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

Findings included:

Record review revealed the facility did not have an approved emergency management plann and an annual satisfactory fire inspection.

On at 8:00 AM the caregiver stated that she did not know about that because the administrator was the person in charge of taking care of that and he could not come to the facility because he a personal emergency.

Uncorrected Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **OUR LOVING MOTHER ELDERLY CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1635 WEST 65 STREET** **HIALEAH, FL 33012**	

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

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

Based on observations and record review the 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:

Observations found the caregiver in the facility alone with a census of six residents.

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 the hire date was on . . . . Review of Staff B's personnel file revealed the hire date was on .

Unclassified