STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932590	R **02/09/2018**
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 and concluded . Our Loving Mother Elderly Care, Inc. with limited mental health components, license number 8128 had the following deficiencies found at the time of the survey:

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on interview and record review, the facility failed to document changes in behavior and hospitalizations for one of six (Resident #1) sampled residents. The facility also failed to notify Resident #1's family prior to the resident being transferred to the hospital.

Findings included:

Interview on at 1:08 pm Resident #1 stated, "I would like to talk to you. I have a discussion with one of the residents because of the TV. I want tranquility, peace and respect."

Interview on at 1:15 pm Staff A stated, "I notice changes in Resident #1 behavior; she is fighting even with her siblings. She recently accused one of the resident of stealing her napkins. She used to go to a clinic, and they do not want to see her again. I spoke to her son to take her to the facility's doctor, but he alleges that he could not take her to see the doctor."

Interview on at 2:30 pm Resident #4 stated, "I used to have a wonderful friendship with Resident #1. I used to help her when she needs anything. However, she is behaving different. The other night, they were watching the TV at the living , and I heard a discussion. Then, I stepped out and recommended, Staff B, to turn off the TV, and everyone goes to his or her watch TV. Resident #1 stood toward me to fight with me. I am on a wheelchair, and I have respect to women. I just step back and leave. The other day, she accused me to taking her napkins and she found them in her . She is not the same."

Interview on at 2:47 pm Staff B stated, "Resident #1 start to argue with Resident #4 just for a comment he did. Resident #4 recommended of turning the TV off, and Resident #1 got mad and she start verbally to fight with him. Resident #4 left to his ."

Record review revealed that the facility admitted Resident #1 on . Resident #1 had a health assessment (dated) with a diagnosis of Chronic , , , , , , , . And needs assistance with ambulation, bathing and

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dressing. Record review revealed documentation from the hospital that stated, "On . . . . Acute . . . . evaluation."

Record review revealed that the Medication Observation Records (MORs) showed Resident #1 was in the hospital on (am)- (pm). Then, went to the hospital again on - . The facility did not have any documentation regarding Resident #1's change in behavior or hospitalizations.

Interview on . . . . . at 2:00 pm Resident #1's son stated, "My mother went to the hospital two times. The last time the administrator did not report that she went to the hospital, because my mother request it. My mother even signed to discharge from the hospital herself. My mother has taken my brother and me from her bank and POA. I heard about the discussion between my mother and another resident. I also want to tell you that I found out that my mother provide $2000.00 dollars to the Administrator, and he did not mention that to me. I have a copy of the check, and I will send it to you. I asked my mother and she alleges that she gave him $2000.00 as a gift."

Interview on . . . . . at 4:00 pm Staff A confirmed that Resident #1 gave him $2000.00 as a gift. However, he states that he explains Resident #1 that he could not accept a gift, and he takes the check and deposit it in his account to prevent Resident #1 to loss the check. In addition, Staff A explained that Resident #1 requested her $2000.00 today ( ), and he will gave back the money to Resident #1 as soon as possible."

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
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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:

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

Record review revealed that Staff A's hired on . Record review revealed that Staff B hired on .

In an interview on at 1:30 PM Staff A acknowledged that he did not fix the background screening's employee roster.

Unclassified