

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966338	(X3) DATE SURVEY COMPLETED 02/20/2018
NAME OF PROVIDER OR SUPPLIER J C LOVING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 781 EAST 45 STREET HIALEAH, FL 33013	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on, 2018. JC Loving Home Inc. (license #10560) had the following deficiencies identified at time of the survey:

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on interview and record review the facility failed to ensure that a third party (Home Health Agency) left documentation in the facility of the services provided to one of six sampled residents (#1) .

Findings included:

Observations on at 9:05 AM found an box of Lantus 100 units in the refrigerator labeled with Resident #1's name.

A review of Resident #1's file showed there was no written information regarding administration in his file. Resident #1's health assessment diagnosis reflected, " Type 2 (DMII)". Review of the home health file documented the last time Resident #1 received was on There was no documentation of given from to

Interviewed on at 1:35 PM acknowledge she has been receiving her daily from a nurse.

Interviewed on at 3:25 PM with Staff B and C stated, "I asked the nurse for it and the nurse did not give them to me."

Class III

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

Based on record review and interview, the facility failed to have documentation completed in First Aid and training and ensure staff holds a currently valid card documenting completion of such courses must be in the facility at all times for one out of four sampled staff (#C).

Findings included:

Record review of employee files for Staff C (hired) found that his and First Aid training dated had expired on Staff C did not have a valid card documenting the completion

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AHCA Form 5000-3547

STATE FORM

FRL 211

If continuation sheet 2 of 3

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Observations made on at 9:05 AM showed the central air unit door next to the broken panels. (photo taken). On at 3:30 PM, Staff D acknowledged it was broken and said that they would replace it. Class III		