STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967286	**04/16/2018**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE OF ST PETERSBURG**	STREET ADDRESS, CITY, STATE, ZIP CODE **1001 9TH STREET NORTH** **SAINT PETERSBURG, FL 33701**	

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

0000 - Initial Comments

Assisted Living Facility

On , , 2018 a Biennial with Limited Mental Health (LMH) survey was conducted at Loving Care of St. Petersburg. Deficiencies were identified during the visit.
(License # 11357)

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to ensure 1 of 3 (A) employees whose records were reviewed included written documentation from a health care provider stating they are free of communicable or evidence of a negative examination within 30 days of hire.

Findings included:

A record review was conducted for Staff A on , with a hire date of . Staff A's record did not include written documentation from a health care provider stating they are free of communicable or evidence of a negative examination within 30 days of hire.

During an interview with the Resident Care Assistant on at 4:06 PM, they stated they would send Staff A today.

Class III

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

Based on record review and interview the facility failed to ensure that 1 of 3 (A) employees whose records were reviewed included documentation of trainings to include: control, elopement, emergency preparedness, incident reporting, resident rights, , neglect and , , nutrition and safe food handling, and Activities of Daily Living and behavioral needs within 30 days of hire.

Findings included:

A review of Staff A's record was conducted on . Staff A had a hire date of . Staff A's record did not include documentation of control, elopement, emergency preparedness, incident

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reporting, resident rights, , neglect and , , nutrition and safe food handling or Activities of Daily Living & behavioral needs within 30 days of hire.

During an interview with the Facility Director on at 10:53 AM, they stated Staff A was in orientation on the date of survey and would have all trainings completed.

Class III

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

Based on record review and interview the facility failed to ensure 2 of 3 (A,C) employees whose records were reviewed included training within 30 days of hire.

Findings included:

Staff C's record was reviewed on , with a hire date of . Staff A's record did not include documentation of training within 30 days of hire.

During an interview with the Facility Director on at 10:53 AM, they stated Staff A was in orientation today and would have all of their training's.

Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record review and interview the facility failed to ensure all Limited Mental Health (LMH) residents were clearly identified in the admission/discharge log.

Finding included:

In review of the facility admission/discharge log it did not identify which residents were mental health.

During an interview with the Facility Director on at 4:10 PM, they stated they thought all of their residents were mental health, and no other log or list of LMH residents was available.

Class III

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

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

Based on record review and interview the facility failed to ensure 1 of 3 (A) employees, who provide direct care services, whose records were reviewed included an eligible level II background screening (BGS) following a more than 90 day break in service from a position that requires a screening.

Findings included:

Staff A, who provides direct care services to residents, record was reviewed on . Staff A had a hire date of . Staff A's record included an application dated which revealed their last direct care position ended on and their last eligible level II BGS was dated .

During an interview with the Resident Care Assistant on at 4:06 PM, they stated they were not aware they had to have a new screening after a break in service.

Unclassified