| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967348** | **05/25/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**LORETO HOMES, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**770 NW 9 COURT**<br>**HOMESTEAD, FL 33030** | |

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

**0000 - Initial Comments**

A Standard Biennial Survey was conducted on , , 2018 and concluded on , , 2018. Loreto Homes, Inc., with Limited Health component and license #11439, had the following deficiencies identified at the time of the survey:

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

Based on observation and interview, the Assisted Living Facility failed to keep medication locked at all times.

Findings included:

On at 7:27 AM observed that facility had one refrigerator. There was a small clear plastic bag with multiple , Suppositories 650 mg inside. It was not labeled. There was a bottle of , Max Strength inside the refrigerator. It was not labeled.

On at 7:27 AM, Staff E stated, "I don't know what it is."

On at 1:40 PM the Administrator revealed that suppositories and Pepto- belonged to the her. She stated she would move them to the mini-refrigerator in the private side where she lived.

Class III

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

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to have an accurate written work schedule that reflected its 24-hour staffing pattern for a given time period.

Findings included:

On at 7:11 AM, Staff E was the only staff on duty in the facility.

Review of facility's record on at 7:32 AM revealed that Staffing pattern posted was for , 2018. Staff D worked from Monday to Friday from 6 AM to 3 PM. Staff C worked from Monday to Wednesday from 3 PM to 11 PM and Saturday and Sunday from 6 AM to 3 PM. Administrator worked 24 hours from Sunday to Saturday and there was a note that the administrator of ALF remained living on

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the property. Staff B was on call.

On at 7:42 AM the Administrator arrived.

On at 7:42 AM the Administrator stated, regarding Staff E, "She is my aunt that came from Cuba. I had to take the resident to an appointment. My aunt is helping me."

On at 7:46 AM Staff C arrived.

Class III

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

Based on observation and interview, the Assisted Living Facility failed to provide a safe living environment and required furniture in residents' .

Findings included:

On at 7:20 AM observed that # did not have dresser, chest or other furniture designed for storage of clothing or personal effects. Residents #1 and #3 occupied # .

On at 7:21 AM, observed that there was a # and #2. The shower in that the shower head. It just had the shower arm.

On at 7:23 AM, observed that there was a to #. It had a big hole under the shower. The shower didn't have a shower head; it just had the shower arm.

On at 7:23 AM Staff E stated, "This bath had a leak" while referred to the to # .

On at 7:24 AM observed that # did not have dresser, chest or other furniture designed for storage of clothing or personal effects.

On at 1:44 PM the Administrator stated, "They took the head of shower out; with that take out they broke the pipe."

Class III

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

Based on record review and interview, the Assisted Living Facility failed to ensure that one out of five sampled staff had a signed attestation of compliance with background screening requirements (Staff D).

Findings included:

Review of Staff D's personnel file revealed the hire date as on . There was no documentation of a signed attestation of compliance with background screening requirements.

On at 10:57 AM, the Administrator revealed that attestation of compliance with background screening requirements was not requested before.

Class III

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

Based on record review and interview, the Assisted Living Facility failed to clearly identify three out of four sampled residents with mental health conditions on the admission and discharge log (Residents #1, 2, and 4) .

Findings included:

Review of admission and discharge log revealed that none of the residents were identified as mental health residents.

On at 12:32 PM, the Administrator revealed that Residents #1, #2, and #4 received SSI (Social Security Income) due to mental , and ( , , ). The Administrator stated she did not know that residents needed to be identified as LMH (Limited Mental Health) residents on the admission and discharge log.

Class III

**L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC**

Based on record review and interview, the Assisted Living Facility failed to ensure that one out of five

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sampled staff received a minimum of 6 hours of Limited Mental Health (LMH) training within 6 months of employment in a facility with a limited mental health license (Staff C). The facility also failed to ensure that one out of five sampled staff received a minimum of 3 hours of continuing education about LMH topics every two years (Staff D).

Findings included:

Review of Staff C's personnel file revealed that hire date was on . . . . . . There was no evidence of completion of a minimum of 6 hours of LMH training. LMH training scheduled for from 9 AM to 5 PM.

On . . . . . at 10:16 AM, the Administrator revealed that both staff had a training appointment for the 22nd of the following month. She further stated that the trainer only offered the training every 3 to 4 months.

Review of Staff D's personnel file revealed that hire date was on . . . . . Staff D received the initial LMH training on . There was no evidence of completion of a minimum of 3 hours of continuing education about LMH topics after . . . . . .

On . . . . . at 10:31 AM, the Administrator revealed that she was attempting to contact the trainer to provide the 3 hours LMH training to Staff D.

Class III