STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968482	**08/20/2018**
NAME OF PROVIDER OR SUPPLIER **LOVING ANGELS ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9 RAMBLE WAY** **PALM COAST, FL 32164**	

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

0000 - Initial Comments

On [redacted], 2018 an unannounced biennial re-licensure survey was conducted at Loving Angels Assisted Living, LLC (License #12521). Deficient Practice was identified during the survey.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on record review and staff interview the facility failed to develop a policy and procedure for the coordination of the delivery of third party services.

The findings include:

A review of the facility record revealed they did not have a policy and procedure for delivery of third party services.

During an interview with the owner and administrator on at 1:05 pm, they stated they did not have a policy and procedure for the delivery of third party services. They said they did not know they needed one.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC

Based on employee file review and staff interview, the facility failed to ensure that 1 of 3 employees who assist residents with self-administration of medications received the required updates for medication assistance training. (Employees C)

The findings include:

Record review of the employee file for Employee C who was hired as a Medication Technician on and currently working in the facility, revealed she obtained six (6) hour of initial training to assist with self-administration of medication on [redacted], but did not have any of the two (2) hour annual trainings for assistance with self-administration of medication.

During an interview with the Owner and Administrator on at 1:30 PM, they acknowledged that the annual assistance with self-administration of medication training for employee B had not been completed and was not in her personnel file. They stated, "we thought the 6 hours of medication training

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was good for two years."

Class III