| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969086** | **09/05/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**K AND L LOVING CARE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3150 WINDWARD LN**<br>**LAKE WORTH, FL 33462** | |

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

**0000 - Initial Comments**

An unannounced Relicensure survey was conducted on . . . . . at K and L Loving Care, License #12920. The facility had deficiencies at the time of the visit.

**0052 - Medication - Assistance with Self-Admin - 429.256(3-4); 58A-5.0185 (3)**

Based on observation, record review and staff interview, the certified nursing assistant providing assistance with self-administered medications failed to following the proper procedure for assisting with the self-administration of medications as outlined in state regulations, for 4 of 4 residents (Residents #1 - #4).

The findings included:

On . . . . . beginning at 9:41 AM, Staff A, a CNA who had received the state required medication training for assisting with self-administered medications, was observed providing mediation assistance to Residents #1, #2, #3, and #4. Staff A removed the residents' medications from a locked cabinet and brought it to the dining area where the residents were seated at the dining . For each of the 4 residents, Staff A removed the prescribed dosage of each of the residents' medications from their previously dispensed and properly labeled containers, placing the medications into a small cup. Each resident was handed the cup containing their medications, and the CNA watched to ensure all medications were consumed by the resident.
At no time during each of the resident's provision of medications did the CNA read the medication labels in the resident's presence prior to removing the prescribed amount of medication from the medication containers.

On . . . . . at 2:15 PM, the proper regulatory procedures for assisting with self-administered medications was discussed with the CNA and Administrator.

Class III

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**0181 - Emergency Plan Approval - 58A-5.026(2) FAC**

Based on facility record review and staff interview, the facility failed to have an approved Comprehensive

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

Emergency Management Plan (CEMP) by the local emergency management division/agency.

The findings included:

On at 11:00 AM , a request was made to the Administrator for a copy of the facility's CEMP approval letter from the local emergency management agency. The Administrator stated she had not yet received an approval for the CEMP. She produced a receipt showing the facility's CEMP was submitted to the local emergency management agency for review and approval on . Upon request of the last approved CEMP for previous year, the Administrator could not provide a CEMP approval letter and/or any documentation indicating the CEMP had been approved for the previous year.

Class III

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

Based on facility record review and staff interview, the Care Provider failed to maintain the employment status of all employees within the Agency for Health Care's Background Screening Clearinghouse (Staff A and Staff B).

The findings included:

On at 11:30 AM, the Administrator confirmed Staff A and Staff B were current employees of the facility.
On at 1:00 PM, Staff A confirmed she has been working as a care aide/CNA for the facility since of 2018. On at 12:30 PM, Staff B confirmed she has been working as an assistant to the Administrator since .

During review of the Care Provider's employee roster located on the Agency's Background Screening Clearinghouse website, no employment information was found for Staff A or Staff B on the facility's employee roster.

On at 1:30 PM, the Administrator acknowledged she had not maintained the facility's employee roster within the Clearinghouse.

Unclassified

**Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS**

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

Based on facility record review and staff interview, the Care Provider failed to conduct a Level 2 background screening (BGS) for 1 of 2 employees, whose responsibilities required her to provide personal care and/or services directly to residents and have access to the residents' personal property and living areas, prior to providing such care/services to these residents (Staff A).

The findings included:

Staff A is a Certified Nursing Assistant employed by the facility to provide personal care to it residents. Staff A has access to all of the residents' personal property and living areas. While reviewing Staff A's employment record on . . . . . , it is noted that Staff A's date of hire was in . . . of 2018 (no exact day was provided).
No copy of an eligible Level 2 BGS printout was found within the employee's file at the time of record review.
A review of Staff A's Level 2 BGS result, located on the Agency's Background Screening website, showed Staff A had received a Level 2 screening and was eligible for employment on ., five (5) months after date of hire.

The Administrator stated on at approximately 11:30 AM, "When I got [Staff A's] information from the background screening website, I thought it meant she was cleared to be hired." The Administrator had a printed copy of the previous BGS information which documented that a new screening was required. At this time, it was discussed with the Administrator how to review the information and verify if an employee is eligible for employment from the Agency's Background Screening website.

Unclassified