STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969094	**09/07/2018**
NAME OF PROVIDER OR SUPPLIER **LOVING CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **28265 SW 173RD CT** **HOMESTEAD, FL 33030**	

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

Z824 - Right of Inspection; Inspection Reports - 408.811 FS; 59A-35.120 FAC

Based on observation and interview, the Assisted Living Facility failed to provide timely access to the facility for an unannounced compliance inspection.

Findings included:

During the tour of the facility on at 7:56 AM, the facility did not give access to tour the garage next to the laundry locked. The office next to # was locked.

On at 8:10 AM, Staff C revealed that she did not have a key to open the garage and the office.

Review of the floor plan posted in the facility showed that the laundry and the "office" were included.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969094	**09/07/2018**
NAME OF PROVIDER OR SUPPLIER **LOVING CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **28265 SW 173RD CT** **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. Loving Corp. with limited mental health component (license #12942) had the following deficiencies identified during the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview, the Assisted Living Facility failed to have documentation of a satisfactory annual sanitation inspection.

Findings included:

A review of the facility's health inspection showed it was completed as satisfactory on , and expired on .

On at 10:22 AM, Staff B confirmed that the facility did not have the current sanitation inspection.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the Assisted Living Facility failed to provide adequate supervision that ensured the safety of one out of nine sampled residents (#1).

Findings included:

Review of Resident #1's health assessment dated showed medical history and diagnoses of ( ), with , , Chronic Kidney , , , , , GAD, (Prostatic Hyperplasia), and radiculopathy. The resident had an unstable gait and was wheelchair bound. The resident needed assistance with ambulation, bathing, dressing, self-care, toileting, and transferring.

Reviewed of Resident #1's observation log showed that on the resident tried to fix his shoe and to the floor, hitting his head. 911 was called, and the resident was taken to the hospital, returning by ambulance.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969094	**09/07/2018**
NAME OF PROVIDER OR SUPPLIER **LOVING CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **28265 SW 173RD CT HOMESTEAD, FL 33030**	

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

On at 1:24 PM, Staff C stated that she was alone on duty and found Resident #1 on the floor and called the owner and 911. The resident stated few days in the hospital.

Class III

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

Based on observation and interview, the Assisted Living Facility failed to treat residents with dignity for two out of nine sampled residents (#3 and #5).

Findings included:

On at 7:52 AM, Resident #3 walked in the the end of hallway. She took out her clothes and brief. The resident did not wear any clothes; she was undress (naked) in the the door opened.

On at 7:57 AM, Resident #5 rested in bed with half-bed rail up in # . The was opened. There resident wore brief and had the sleep clothe covering just the upper part of the body (from the hip up).

On at 1:24 PM, Staff C revealed that Resident #3 always asked the staff to close the . She probably forgot it because many things happened at time.

Class III

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

Based on observation, record review and interview, the Assisted Living Facility failed to provide records of the daily , , services administered by a home health agency to one out of nine sampled residents (#1).

Findings included:

On at 7:43 AM, there was a white box in the top of a wood table in the family area. The white box had inside a glucometer and a plastic bag labeled with Resident #1's name that had needles inside.

Reconciliation of Resident #1's medication showed that there was an pen labeled with Resident

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969094	**09/07/2018**
NAME OF PROVIDER OR SUPPLIER **LOVING CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **28265 SW 173RD CT HOMESTEAD, FL 33030**	

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

#1's name. It was Flextouch 100 units/ml with instructions of taking 6 units once a day for 30 days.

Review of Resident #1's record showed that the admission date was on . The medication observation record did not include Flextouch 100 units/ml with instructions of taking 6 units once a day for 30 days.

On at 7:48 AM, Resident #1 revealed that he had a nurse that came every day early in the morning.

Review of Resident #1's home health record showed that there was no evidence that services administered by a home health agency.

On at 10:48 AM, Staff C revealed that Resident #1 received administration. She provided a file from a home health agency. There was no documentation of whom provided the administration.

On at 10:23 AM, the administrator revealed that the home health agency did not leave any record.

Class III

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

Based on observation and interview, the Assisted Living Facility failed to ensure that residents' medications were not prepared in advance for four out of nine sampled residents (#2, #3, #5 and #6).

Findings included:

On at 7:43 AM, medications for residents #2, #3, #5 and #6 were prepared in advanced and placed in cups inside the medication closet.

On at 9:41 AM, Staff C revealed that she knew the right way. The staff prepared medications in advanced that day to save time.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969094	**09/07/2018**
NAME OF PROVIDER OR SUPPLIER **LOVING CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **28265 SW 173RD CT** **HOMESTEAD, FL 33030**	

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

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation, interview and record review, the Assisted Living Facility failed to ensure that licensed staff administered medicines to one out of nine sampled residents (#5).

Findings included:

On . . . . . at 7:43 AM, medications for Resident #5 were prepared in advanced and placed inside a pill crusher in the medication closet.

On at 9:44 AM, Staff C took the pill crusher from the closet. She crushed the medications together. The staff mixed the crushed medications with Resident #5 breakfast (milk with Quaker). The staff placed the spoon with the mixed inside the resident's mouth. The staff did not read the medications labels aloud to the resident.

Review of Resident #5's health assessment completed on . . . . showed that the resident needed assistance with self-administration of medication.

On at 2:26 PM, Staff C revealed that she was not a licensed staff.

Class III

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

Based on observation and interview, the Assisted Living Facility failed to have medications secured at all times.

Findings included:

On . . . . . at 7:43 AM, there were two residents in the kitchen/family area. One of them was Resident #1; he sat in a wheelchair. The other resident was Resident #4; she was ambulating from one side to the other one without assistance device. There was a medication closet in the family area. The medication closet was unlocked and had medications inside for Residents #1, 2, 3, 4, 5, and 6. Medications for residents #2, #3, #5 and #6 were prepared in advanced and placed in cups inside the medication closet. There was a white box in the top of a wood table in the family area. The white box has inside a glucometer and a plastic bag labeled with Resident #1's name that had needles inside.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969094	**09/07/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING CORP	**28265 SW 173RD CT HOMESTEAD, FL 33030**

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

On at 8:10 AM, Staff C revealed that she forgot to lock the medication closet.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on observation, record review, and interview, the Assisted Living Facility's Administrator failed to demonstrate that the Administrator was responsible for the operation of the facility including the management of all staff and the provision of appropriate care to all residents.

Findings included:

Observation on during the time on site from 7:42 AM until 2:42 PM revealed that Administrator did not go to the facility.

On at 7:40 AM, Staff C screamed from one of the windows "Esperate estoy con una paciente en el bano" (Wait, I am with a patient in the).

On at 7:43 AM, there were two residents in the kitchen/family area. One of them was Resident #1; he sat in a wheelchair. The other resident was Resident #4; she was ambulating from one side to the other one without assistance device. There was a medication closet in the family area. The medication closet was unlocked and had medications inside for Residents #1, 2, 3, 4, 5, and 6. Medications for residents #2, #3, #5 and #6 were prepared in advanced and placed in cups inside the medication closet. There was a white box in the top of a wood table in the family area. The white box has inside a glucometer and a plastic bag labeled with Resident #1's name that had needles inside.

On at 7:42 AM, Staff C was the only person on duty taking care of six residents.

On at 7:52 AM, Resident #3 walked in the the end of hallway. She took out her clothes and brief. The resident did not wear any clothes; she was undress (naked) in the the door opened.

On at 7:57 AM, Resident #2 rested in bed in # . There was a really strong odor.

On at 7:57 AM, Resident #5 rested in bed with half-bed rail up in # . The was opened. There resident wore brief and had the sleep clothe covering just the upper part of the body (from the hip up).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969094	**09/07/2018**
NAME OF PROVIDER OR SUPPLIER **LOVING CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **28265 SW 173RD CT** **HOMESTEAD, FL 33030**	

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

Review of background screening database showed that Staff C hire date was on .

Review of Staff C's personnel record showed that an unqualified staff provided the assistance with the activities of daily living and resident behavior and needs training to Staff C. Staff C did not meet the requirement for training of assistance with self-administered medications on .

On at 8:10 AM, Staff C revealed that she was the only staff on duty. The other staff did not come.

On at 9:41 AM, Staff C revealed that she knew the right way. The staff prepared medications in advanced that day to save time.

On at 9:44 AM, Staff C took the pill crusher from the closet. She crushed the medications together. The staff mixed the crushed medications with Resident #5 breakfast (milk with Quaker). The staff placed the spoon with the mixed inside the resident's mouth. The staff did not read the medications labels aloud to the resident.

On at 2:26 PM, Staff C revealed that she was not a licensed staff.

Review of staffing calendar showed that Staff C worked on from 7 AM to 7 PM and Staff D worked on from 7 AM to 7 PM.

Delegation of authority letter showed that if Administrator was not available Staff D will be on charge.

Review of Staff D's personnel record showed that there was no proof that Staff D has completed:
- control training
- reporting adverse incidents training
- facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation training
- resident rights in an assisted living facility
- recognizing and reporting resident , neglect, and , training
- resident behavior and needs training
- providing assistance with the activities of daily living training
-in-service training regarding the facility's resident elopement response policies and procedures.

On at 10:27 AM, the administrator revealed that Staff D was hired at the end of , 2018. The

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969094	**09/07/2018**
NAME OF PROVIDER OR SUPPLIER **LOVING CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **28265 SW 173RD CT HOMESTEAD, FL 33030**	

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

facility missed the training just for few days because facility had 30 days.

Class III

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

Based on record review and interview, the Assisted Living Facility failed to ensure that staff submitted to facility a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable and evidence of a negative examination within 30 days of employment for one out of four staff sampled (Staff D).

Findings included:

Review of background screening database showed that Staff D hire date was on .

Review of Staff D's personnel record showed that there was no proof of written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable and evidence of a negative examination .

On at 10:27 AM, the administrator revealed that Staff D was hired at the end of , 2018. The facility missed the training just for few days because facility had 30 days.

Class III

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

Based on observation, record review and interview, the Assisted Living Facility failed to have an accurate written work schedule that reflects its 24-hour staffing pattern and to have enough staff to provide or arrange for residents' scheduled and unscheduled service needs.

Findings included:

On at 7:40 AM, Staff C screamed from one of the windows "Esperate estoy con una paciente en el bano" (Wait, I am with a patient in the).

On at 7:42 AM, Staff C was the only person on duty taking care of six residents.

On at 7:57 AM, Resident #2 rested in bed in # . There was a really strong odor.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969094	**09/07/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING CORP	**28265 SW 173RD CT HOMESTEAD, FL 33030**

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

Review of staffing calendar showed that Staff C worked on from 7 AM to 7 PM and Staff D worked on from 7 AM to 7 PM.

On at 8:10 AM, Staff C revealed that she was the only staff on duty. The other staff did not come.

Review of Resident #1's health assessment showed that completion date was on . It showed medical history and diagnoses of ( ), with , , , Chronic Kidney , GAD, (Prostatic Hyperplasia), and radiculopathy. The resident had unstable gait and was wheelchair bound. The resident needed assistance with ambulation, bathing, dressing, self-care, toileting, and transferring.

Reviewed of Resident #1's observation log showed that on the resident sat in the terrace. He said that he tried to fix the shoe; he to the front and got to the floor. He hit his head. The 911 was called, the resident refused to go the hospital because he felt well but the facility sent him. The resident returned to facility via ambulance from the hospital.

On at 1:24 PM, Staff C revealed that she found Resident #1 in the floor. The staff called the owner and 911. The owner called the family. The resident stated few days in the hospital. The staff was alone in the facility and it happened in the afternoon.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that staff have control training, reporting adverse incidents training, facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation training, resident rights in an assisted living facility, recognizing and reporting resident , neglect, and , training, resident behavior and needs training, providing assistance with the activities of daily living training, and in-service training regarding the facility's resident elopement response policies and procedures within 30 days of employment for one out of four staff sampled (Staff D). The facility failed to ensure that a qualified person provided training to one out of four staff sampled (Staff C).

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969094	09/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING CORP	**28265 SW 173RD CT HOMESTEAD, FL 33030**

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

Review of background screening database showed that Staff D hire date was on .

Review of Staff D's personnel record showed that there was no proof that Staff D has completed control training, reporting adverse incidents training, facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation training, resident rights in an assisted living facility, recognizing and reporting resident , neglect, and , training, resident behavior and needs training, providing assistance with the activities of daily living training, in-service training regarding the facility's resident elopement response policies and procedures.

On at 10:27 AM, the administrator revealed that Staff D was hired at the end of , 2018. The facility missed the training just for few days because facility had 30 days.

Review of background screening database showed that Staff C hire date was on .

Review of Staff C's personnel record showed that Staff B provided the following training to Staff C:
- providing assistance with the activities of daily living and resident behavior and needs on
- in-service training regarding the facility's resident elopement response policies and procedures on

- facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation training on
- resident rights in an assisted living facility, recognizing and reporting resident , neglect, and , training on

On at 12:38 PM, Staff B revealed that he did not pass the CORE test.

Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that staff completed and (/) within 30 days of employment for one out of four staff sampled (Staff D).

Findings included:

Review of background screening database showed that Staff D hire date was on .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969094	**09/07/2018**
NAME OF PROVIDER OR SUPPLIER **LOVING CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **28265 SW 173RD CT** **HOMESTEAD, FL 33030**	

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

Review of Staff D's personnel record showed that there was no proof that Staff D has completed / training.

On at 10:27 AM, the administrator revealed that Staff D was hired at the end of , 2018. The facility missed the training just for few days because facility had 30 days.

Class III

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

Based on observation, interview and record review, the Assisted Living Facility failed to ensure that unlicensed persons, as defined in section 429.256(1)(b), F.S., who assisted with self-administered medications, has completed the initial 6 hour training for one out of four sampled staff (C).

Findings included:

On at 7:43 AM, there were two residents in the kitchen/family area. One of them was Resident #1; he sat in a wheelchair. The other resident was Resident #4; she was ambulating from one side to the other one without assistance device. There was a medication closet in the family area. The medication closet was unlocked and had medications inside for Residents #1, 2, 3, 4, 5, and 6. Medications for residents #2, #3, #5 and #6 were prepared in advanced and placed in cups inside the medication closet. There was a white box in the top of a wood table in the family area. The white box has inside a glucometer and a plastic bag labeled with Resident #1's name that had needles inside.

On at 8:10 AM, Staff C revealed that she was the only staff on duty. The other staff did not come.

On at 9:41 AM, Staff C revealed that she knew the right way. The staff prepared medications in advanced that day to save time.

On at 9:44 AM, Staff C took the pill crusher from the closet. She crushed the medications together. The staff mixed the crushed medications with Resident #5 breakfast (milk with Quaker). The staff placed the spoon with the mixed inside the resident's mouth. The staff did not read the medications labels aloud to the resident.

On at 2:26 PM, Staff C revealed that she was not a licensed staff.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969094	**09/07/2018**
NAME OF PROVIDER OR SUPPLIER **LOVING CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **28265 SW 173RD CT** **HOMESTEAD, FL 33030**	

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

Review of background screening database showed that Staff C hire date was on .

Review of Staff C's personnel record showed that Staff C received 4 hours of assistance with self-administered medications on .

Class III

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

Based on record review and interview, the Assisted Living Facility failed to ensure that staff completed ( ) training within 30 days of employment for one out of four staff sampled (Staff D).

Findings included:

Review of background screening database showed that Staff D hire date was on .

Review of Staff D's personnel record showed that there was no proof that Staff D completed training.

On at 10:27 AM, the administrator revealed that Staff D was hired at the end of , 2018. The facility missed the training just for few days because facility had 30 days.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and record review, the Assisted Living Facility failed to document substitutions before or when the meal is served. Facility failed to have emergency water supply stored.

Findings included:

1. On at 11:55 AM, Staff C served lunch to Residents #1, #3 and 4. Served lunch was mixed salad (carrots, onion, potato, and sweet peas), spaghetti with ham and cheese, slice of bread, and watermelon.

Review of menu showed that lunch for was ziti (1 cup) with ham and cheese (4 oz.), green

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969094	**09/07/2018**
NAME OF PROVIDER OR SUPPLIER **LOVING CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **28265 SW 173RD CT HOMESTEAD, FL 33030**	

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

beans (1/2 cups), dinner roll (1), mixed salad (1 cup), salad dressing (1 t), and peaches (1/2 cup). Staff did not document substitutions.

2. Observed on at around 11:55 AM, there was no emergency water supply stored in the facility.

On at 8:10 AM, Staff C revealed that she thought that the emergency water supply was inside the garage.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the Assisted Living Facility failed to identify the place from which the resident was admitted for six out of night sampled residents (#1,#2, #3, #4, #5, and #6). The facility also failed to have identification of the address to which the resident was discharged documented on the log for three out of nine sampled residents (#7, #8, and #9).

Findings included:

Review of the admission and discharge revealed that Resident #1's admission date was . There was no documentation about the place from which Resident #1 was admitted. Resident #2's admission date was . There was no documentation about the place from which Resident #2 was admitted. Resident #3's admission date was . There was no documentation about the place from which Resident #3 was admitted. Resident #4's admission date was . There was no documentation about the place from which Resident #4 was admitted. Resident #5's admission date was . There was no documentation about the place from which Resident #5 was admitted. Resident #6's admission date was . There was no documentation about the place from which Resident #6 was admitted.

A review of the admission and discharge log showed Resident #7's admission date was and discharge date was on . There was no documentation of home address to which Resident #7 was discharged to. Resident #8's admission date was and discharge date was on . There was no documentation of home address to which Resident #8 was discharged to. Resident #9's admission date was and discharge date was on . There was no documentation of home address to which Resident #7 was discharged to.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969094	**09/07/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVING CORP	**28265 SW 173RD CT HOMESTEAD, FL 33030**

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

On at 2:20 PM, Staff B revealed that facility will fix the admission and discharge by the time of the revisit survey.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation and record review, the Assisted Living Facility failed to have a complete and accurate health assessment for one out of nine sampled residents (#5). The facility also failed to provide documentation of a resident's contract with the facility that showed that actual monthly fee for one of nine sampled residents (#5).

Findings included:

1. On at 9:44 AM Staff C mixed the crushed medications with Resident #5 breakfast (milk with Quaker). The staff placed the spoon with the mixed inside the resident's mouth. At 12:10 PM, the staff sat on the right side of the resident and fed her with pure food (blended food).

Review of Resident #5's health assessment completed on showed that height and weight sections were blank. The medical history and diagnoses were , murmur, and . The resident needed assistance with all activities of daily living (ambulation, bathing, dressing, eating, self-care, toileting and transferring) and with self-administration of medication. It did not show that the resident received hospice services.

Review of Resident #5's record showed that observation log on the resident started on hospice by primary physician decision.

Review of Resident #5's hospice record showed that admission date was on with diagnoses of , and without behavioral disturbance.

2. Review of Resident #5's record revealed that the resident's contract with the facility was signed on . It showed that monthly fee was $745.

Review of income and expense log revealed that Resident #5 paid $1900 monthly starting 2018.

On at 2:07 PM Staff B revealed that Resident #5 used to pay $700 monthly but in started to receive the extra money and the actual payment was $1900.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969094	**09/07/2018**
NAME OF PROVIDER OR SUPPLIER **LOVING CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **28265 SW 173RD CT** **HOMESTEAD, FL 33030**	

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

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and interview, the Assisted Living Facility failed to acquire and maintain of a monoxide alarm in the facility. The facility failed to notify in writing to each resident and the resident's legal representative that the emergency power plan was submitted, approved and implemented.

Findings included:

1. On at 7:56 AM, observed that there was not a monoxide alarm during the tour to the facility.

On at 12:53 PM, Staff B revealed that the monoxide detector was supposed to be in the living .

2. Record review showed no documentation that each resident or the resident's legal representative was notified that the emergency power plan was submitted, approved and implemented.

On at 12:54 PM, the administrator revealed by phone that she has not provided the notification in writing to each resident/resident representative about the implementation of the plan.

Class III