STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968769	**10/03/2018**
NAME OF PROVIDER OR SUPPLIER **KATIA'S LOVING HOME 2 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2820 SW 108 PL** **MIAMI, FL 33165**	

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

0000 - Initial Comments

An Abbreviated Survey was conducted on , 2018. Katia's Loving Home 2 Inc. (license #12622) had the following deficiencies identified at the time of the survey:

0009 - Admissions - Admission Package - 58A-5.0181(3) FAC; 400.0078(2)

Based on record review and interview the facility failed to have a contract completed within 30 days of admission for one of five (#1) sampled residents.

Findings included:

Record review revealed the admission /discharge log had Resident #1 was not listed. Record review of resident #1's admission file found a blank contract not completed with monthly charge. On at 11:30 AM resident #1's daughter verified the her mom had been living in the facility since , , 2018.

On at 3:35 PM the Administrator stated, "Resident #1 is new. I have not completed her file yet."

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interview, the facility failed to have a schedule which encouraged the residents to participate in social, recreational, educational and other activities within the facility and the community.

Findings included:

On at 9:15 AM during tour found no activity available for review posted. On 9:20 AM Staff B was asked for the activity calendar and stated she did not have it. On the Administrator at 11:20 AM when asked for the activity calendar, staff schedule, and menus the Administrator she had them at home and pull them out of her purse.

On 3:30 PM Administrator acknowledge they were not available and posted during tour of the survey.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968769	10/03/2018
NAME OF PROVIDER OR SUPPLIER **KATIA'S LOVING HOME 2 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2820 SW 108 PL** **MIAMI, FL 33165**	

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

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review, and interview, the facility failed to maintain the Medication Observation Records (MORs) for five out of five (#1-5) sampled residents.

Findings included:

Review of the medication log found no medication sheet available for Resident #1 for the month of . Review of the medication book found medications for the month of , 2018 given were Probiotibic, Natural , , 1000 mg 3x/ day, , 20 mg,2 times a day; 10 mg 2 times a day; D; 50 mg ; tears; , 100 mg; Simvastatim 10 mg ; and 240 mg to Resident #1. Resident #2, Resident #3, Resident #4, and Resident #5 medication sheet was not initialed for the medications given from 01, 2018 to , 2018,

On at 10:00 AM the Administrator stated, "I am not ready. The medication book is not done and I do not have the medication sheet from the pharmacy for Resident #1."

On at 11:15 AM the Administrator was observed asking Staff B to initial the medication log for medication from , 2018 to , 2018 AM medications.

Class III

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

Based on observation, record review, and interview, the facility failed to have a written statement from a health care provider documenting a negative examination documented on an annual basis for three out of three (A, B, & C) sampled staff.

Findings included:

On at 9:00 AM Staff B was observed assisting residents to the cooking in the kitchen.

Review of the employee records revealed no evidence of a negative annual examination for

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968769	**10/03/2018**
NAME OF PROVIDER OR SUPPLIER **KATIA'S LOVING HOME 2 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2820 SW 108 PL** **MIAMI, FL 33165**	

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

Staff A (hired on), Staff B (hired on) and Staff C (hired on). Staff A's last documented test a was dated -18 negative. Staff B's last documented test was dated -17 negative. Staff C's last documented test was dated -18 negative. All three staff exams had expired.

On at 3:00 PM the Administrator confirmed that all staff had expired exams.

Class III

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

Based on observation and interview the facility failed to have a staff schedule available for review.

Findings included:

On at 9:15 AM, observed that no staff schedule was posted.

On at 10:55 AM, the Administrator arrived at the facility and pull out the staff schedule, activity calendar, and menus from her purse when asked why the staff schedule was not available at the facility.

On at 3:30 PM the Administrator acknowledged the staff schedule was not available at the time of the inspection.

Class III

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

Based on record review and interview, the facility failed to have a 3 day supply of non-perishable foods for emergencies, and also failed to have a menu posted.

Findings included:

On at 9:20 AM during a tour of the facility, observed no current menus posted and available for review. The emergency food pantry was found with expired canned fruits and soups dated from 2017.

On at 3:30 PM the Administrator acknowledged some of the canned emergency food was expired.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968769	10/03/2018
NAME OF PROVIDER OR SUPPLIER **KATIA'S LOVING HOME 2 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2820 SW 108 PL** **MIAMI, FL 33165**	

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

Class III

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

Based on record review and interview, the facility failed to maintain structures in good working order.

Findings included:

On . . . . . at 9:20 AM, observed . . . . . # . had a hole in the wall near the bed and exit door.

On . . . at 3:30 PM the Administrator acknowledged there was a hole on the wall in # .

Class III

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

Based on record review and interview the facility failed to have an up dated admission and discharge log and failed to conduct two elopement drills per year.

Findings included:

Review of the admission and discharge showed Resident #1 was not listed. Resident #6 and 7 were no longer at the facility and no discharge dates were listed.

Record review found the facility had not conducted any elopement drill since . There was no record of drills conducted for 2017 and 2018.

On . . . . . at 3:30 PM the Administrator acknowledged she had not updated the admission and discharge log and the elopement drill record.

Class III

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

Based on record review and interview the facility failed to ensure one out of five sampled resident records was maintained and completed (#1) .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968769	**10/03/2018**
NAME OF PROVIDER OR SUPPLIER **KATIA'S LOVING HOME 2 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2820 SW 108 PL** **MIAMI, FL 33165**	

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

Findings included:

A review of Resident #1's file (admitted , , 2018) showed no complete admission package. Review found blank forms and some forms with a signature from the resident's daughter had no dates, including demographics sheet, emergency contact form, informed consent for unlicensed staff to assist with medications. No weights were recorded for the resident, who needed assistance with activities of daily living.

On at 3:22 PM the Administrator stated, "Resident #1 is new and I did not get a chance to complete her file yet."

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to notified each resident/resident representative in writing of the implementation of the emergency power plan.

Findings included:

A review of facility and resident records showed no documentation that the residents were notified of the implementation of the emergency power plan.

On at 3:35 PM the Administrator acknowledged she had not notified residents or their representatives of the power plan.

Class III