STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910890	**09/18/2018**
NAME OF PROVIDER OR SUPPLIER **CARE AND LOVE RETIREMENT HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **642 EAST 21ST STREET** **HIALEAH, FL 33013**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on , 2018. Care and Love Retirement Home Inc. (license #4223) had the following deficiencies identified at the time of the survey:

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

Based on observation, record review, and interview the facility failed to offer and provide social, recreational or educational, and other activities to the residents. The facility also failed to have an accurate activity calendar posted that reflected at least 6 days a week for a total of not less than 12 hours of activities per week.

Findings included:

A review of the facility's activity calendar revealed there were no hours reflecting the duration of the daily activities.

On from 09:00 AM until 2:30 PM observed five residents sitting in the living area playing dominoes. The remaining residents were sitting around, smoking watching television and not offered any activities.

On at 1:41 PM Resident #4 stated, when asked about what activities were scheduled, "Nothing." Resident #9 stated, "They don't do anything with us. I would like to go to a program." Resident #11 stated, when asked about any dominoes, card games, exercises? "Haven't had any of those." Resident #12 stated, "Besides smoking and watching tv and conversating with the other residents. There not much to do. I go walking. They are doing dominoes today. They didn't do anything yesterday."

On at 5:00 PM the Owner stated, "They do not want to do anything."

Class III

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

Based on observation, record review and interview, the facility failed to provide to one of 15 sampled residents (#2) with a safe environment without physical . The facility failed to provide privacy to one of 15
sampled residents (#8), Resident using an container in a shared no partition and failed

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910890	**09/18/2018**
NAME OF PROVIDER OR SUPPLIER **CARE AND LOVE RETIREMENT HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **642 EAST 21ST STREET HIALEAH, FL 33013**	

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

to honor resident right to privacy for four out of four (#13, 14, 15, and 16) sampled residents.

Findings included:

On , , 2018 at 9:10 AM, observed a used container on Resident 8's night stand.

On , , 2018 at 9:10 AM, the Manager stated, "He always uses it."

Resident 2's record showed a prescription for 1/2 bed rail signed and dated on .

On , , 2018 at 9:15 AM, observed Resident 2's bed with a half rail located in the middle of the bed on the up position.

On , , 2018 at 9:15 AM, Resident 2 stated, "They have to put it down for me so I can get up from bed."

On at 9:10 AM during tour conducted with Staff I found she entered Resident #13, 15, and 16's without knocking.

On at 9:10 AM Staff I entered the # and 4 where Resident #13, #14 and 16 were laying in bed.

On at 5:00 PM the Owner acknowledged staff did not knock on the doors before entering .

Class III

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

Based on record review and interview the facility failed to ensure that medication sheets included Residents' physician information , and for three out of seventeen (#13, 14, and 15) sampled residents.

Findings included:

On at 9:45 AM Staff M acknowledged she assisted the residents with medications. Review of Residents #13, 14, and 15's medication sheets found they did not have their physician information and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910890	**09/18/2018**
NAME OF PROVIDER OR SUPPLIER **CARE AND LOVE RETIREMENT HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **642 EAST 21ST STREET HIALEAH, FL 33013**	

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

did not identify the of each resident.

On at 5) at 5:00 PM the Owner acknowledged the medication sheet did not have any information except for resident names.

Class III

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

Based on record review and interview, the facility failed to ensure that the Manager was not the Administrator of another facility.

Findings included:

A review of background screening clearinghouse showed the Manager as an administrator effective at a facility, and hired as a manager effective at another facility.

On , , 2018 at 4:40 PM, the Owner and Administrator stated that all the staff records needed to be reviewed.

Class III

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

Based on record review and interview the facility failed to provide proof of Control training for one of 13 sampled staff (E) and have required in-service training and two hours pre-service orientation prior to interacting with residents for four out of twelve (E,G, K, and L) sampled staff.

Findings included:

Review of Staff G (hired) resident behavior and needs and providing assistance with ADLs training certificate contain no hours. Staff K (hired) did not have the control training. Staff L (hired) file found there was no documentation she had received the two hours pre-service orientation covering resident rights, the facility license type, services offered by the facility prior to interacting with residents. Review of Staff E's record showed a hire date of . Record review showed no proof of the required control training within 30 days of employment.

On at 5:10 PM the Administrator and Owner acknowledged Staff E,G, K, and L did not have the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910890	09/18/2018
NAME OF PROVIDER OR SUPPLIER **CARE AND LOVE RETIREMENT HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **642 EAST 21ST STREET HIALEAH, FL 33013**	

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

trainings and that that all staff records needed to be reviewed.

Class III

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

Based on record review and interview the facility failed to ensure two out of 13 (G and I) sampled staff received the 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Finding included:

Review found Staff G (hired) 4 hrs medication training was completed on and Staff I 4hrs medication training was dated and a 2 hours medication training dated . Both staff did not have additional 2 hours training to address additional regulator requirements as of .

On PM, the Administrator and the Owner acknowledge they did not have the required medication training..

Class III

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

Based on record review and interview, the facility failed to provide documentation of ( ) training for one of 13 sampled staff (Staff E).

Findings included:

Review of Staff E's record showed a hire date of . Record review showed no documentation of training within 30 days of employment.

On , , 2018 at 4:40 PM, the Administrator and Owner acknowledged that all staff records needed to be reviewed.

Class III

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910890	**09/18/2018**
NAME OF PROVIDER OR SUPPLIER **CARE AND LOVE RETIREMENT HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **642 EAST 21ST STREET** **HIALEAH, FL 33013**	

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

Based on record review and interview, the facility failed to assure that snacks were offered at least once per day. The facility failed to maintain a 3-Day emergency supply of non-expired nonperishable food.

Findings included:

A review of the facility's menu juice or fruit as snack every day for the month of , 2018.

On , 2018 at 9:25 AM, observed an inadequate and expired 3-Day emergency supply of nonperishable food for 20 residents : seven (10 oz.) chicken noodle soup cans with an expiration date of , one (5.44 lbs.) mashed potatoes can with an expiration date of and one (6 lbs.) fruit mix in light syrup can with an expiration date of .

On , , 2018 at 9:25 AM, the Manager stated, "We are waiting for the groceries, we are receiving some today."

On , 2018 at 11:47 AM, the owner stated, "Before they expire, we use them."

Class III

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

Based on observation and interview the facility failed to maintain a safe living environment for a census of six residents.

Findings included:

Observations made on at 9:10AM found the brown discoloration in the ceiling on the dining area. Broken boxes outside, a pile of wood boards, and peeling painted and rusted pipes near power sources outside.

On at 9:30 AM the Staff B acknowledge finding during tour and called a handy man to come and repair some of the work.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910890	**09/18/2018**
NAME OF PROVIDER OR SUPPLIER **CARE AND LOVE RETIREMENT HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **642 EAST 21ST STREET HIALEAH, FL 33013**	

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

Based on observation and interview, the facility failed to maintain a clean and safe living environment. The facility failed to maintain the resident's furniture in good working order, (Dresser).

Findings included:

On . . ,. . . . . , 2018 at 9:10 AM, observed in . . . , the dresser of one of the residents, missing one drawer. Observed in , used cigarettes on top of a night stand. had a cigarette smell. Observation of a brown discoloration in the ceiling on the dining area. Broken boxes were observed outside the facility, a pile of wood boards, and peeling painted and rusted pipes near power sources outside.

On . . . . . at 9:30 AM, Staff B acknowledged the findings and called a handy man to make repairs.

On . . ,. . . . . , 2018 at 9:10 AM, the Manager acknowledged that the dresser was missing one drawer and that the like cigarettes.

Class III

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

Based on record review and interview the facility failed maintain an accurate contract for one out of twelve (#9) sampled residents.

Findings included:

Review of Resident #9 contract did not have a monthly payment amount listed signed on .

On at 5:00 PM the owner acknowledged the contract had no amount documented.

.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to submit a 1 day and 15 day completed adverse incident reports after one out of twelve (#9) sampled residents left the facility and did not return.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910890	**09/18/2018**
NAME OF PROVIDER OR SUPPLIER **CARE AND LOVE RETIREMENT HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **642 EAST 21ST STREET** **HIALEAH, FL 33013**	

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

Findings included:

Review found Resident #9 was admitted on . The Resident Observation Log dated stated, "Resident leaves the facility and we reported to the police." A police report was found in the file case card dated at 2:20 PM for Incident- Missing adult.

Further record review showed a health assessment dated listing diagnoses of major . The resident was independent with activities of daily living (ADL). The resident was not identified as at risk for elopement.

A review of the Adverse Incident database found no reports were filed for when Resident #9 eloped.

On at 2:35 PM Staff I stated, "Resident #9 went out and didn't come back and we also told the police. He was found on the street and the police found him and took him to the hospital. He knew the place and the police called the facility."

A review of the resident record showed no documentation of the resident being reassessed by a physician before returning to the facility and there was no documentation on the admission to the hospital.

On at 3:00 PM the Owner stated, "He signed out and did not come back. He checked himself into the hospital but did not tell us."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910890	**09/18/2018**
NAME OF PROVIDER OR SUPPLIER **CARE AND LOVE RETIREMENT HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **642 EAST 21ST STREET** **HIALEAH, FL 33013**	

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

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

Based on record review and interview, the facility failed to submit a new background screening for one of 13 sampled staff (Staff F), who had a break in service for more than 90 days.

Findings included:

Review of Staff F's records showed a hire date of and an eligible date of with a break in service from to .

On , 2018 at 4:40 PM, the Administrator and the Owner acknowledged that all staff records needed to be reviewed.

Unclassified