STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969250	R 11/02/2018
NAME OF PROVIDER OR SUPPLIER **BEST LOVING CARE #1 LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **448 SE JUSTINE TERR** **PORT SAINT LUCIE, FL 34983**	

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

0000 - Initial Comments

An unannounced complaint revisit survey, CCR #2018013180 was conducted on at Best Loving Care #1 LLC, License #13072. The facility had uncorrected deficiencies at the time of the survey.

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

Based on observation, interview and record review, the administrator failed to:
1) Be responsible for the operation and maintenance of the facility, including the management of all staff and the provision of appropriate care to all residents as required by Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., and
2) Ensure the person appointed as facility manager satisfied the same CORE training competency test requirements of an administrator.

The findings included:

1) On , the Owner of the facility stated she was still the acting Manager of the facility, and was observed on this date to act as the facility Manager. The person named as the Administrator did not physically visit the facility or speak to me on the telephone on ; during the time this surveyor was at the facility conducting the revisit to the complaint investigation. The Manager spoke with the Administrator on the telephone at approximately 10:30 AM on , and at this time she asked if he wished to speak with me. The Administrator stated he did not have the time to do so.

According to information contained in the FloridaHealthFinder.gov website, the Administrator is still listed as Administrator for a 2nd facility and Assistant Administrator for a 3rd facility, both the 2nd and 3rd facility are within 20 miles of Orlando.

2) On at approximately 10:25 AM, the Facility Manager confirmed she had still not completed and passed the CORE Training Exam, and no date for taking the exam had been scheduled. The Manager stated it would probably be another 2 months before the exam would be taken. The Manager completed CORE Training on .

Class III
Uncorrected Deficiency

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

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEST LOVING CARE #1 LLC	**448 SE JUSTINE TERR** **PORT SAINT LUCIE, FL 34983**

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

Based on record reviews and interviews, the Provider failed to ensure 3 of 3 staff had a documented negative . . . . . (.) examination on an annual basis (Staff A, B, C).

The findings included:

Record review revealed the following;
1) Staff A's last annual documented negative examination expired on .
2) Staff B's last annual documented negative examination expired on . . . . .
3) Staff C's last annual documented negative examination expired on .

On at 10:25 AM, a request was made to the Manager to provide documentation showing current Negative examinations for Staff A, B, and C. She stated new . exams had not yet been done for Staff B or C, but she and Staff C did have an appointment on 11/ for their exam to be completed. The Manager contacted the Administrator and requested documentation of a current negative exam be faxed to the facility for review, but it was not recieved prior to exit..

Class III
Uncorrected Deficiency