

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969094	(X3) DATE SURVEY COMPLETED R 11/13/2018
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 Revisit Survey was conducted on 11/13/2018. Loving Corp., with a limited mental health component had the following uncorrected deficiencies identified at the time of the survey: 0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28() FS Based on observation and interview the facility failed to honor resident's right to be free of physical for one out two sampled residents (Resident #3). Findings Include: On at 8:27 during facility tour, observed in # , Resident #3 was in bed, sleeping. The resident had her commode chair and her wheelchair used as a from her bed. On at 8:35 AM Staff C stated "We placed those chairs for her, because she moves around a lot and that way we prevent the resident from falling off the bed." Uncorrected Class III 0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC Based on observation, record review and interview the facility failed to maintain records of the daily services provided by a home health agency for one out four sampled residents (Resident #3). Findings Included: On at 9:05 AM observed a home health nurse arrive. S she stated she was there to administer to Resident #3. A review of Resident #3' MOR (medication observation record) showed the resident was receiving 35 units daily. The home health nurse signed the MOR, but there was no documentation of a daily log available for review. On at 10:10 AM Staff C stated "The home health does not leave any paperwork, she initiated		

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the medication book and she documented her own paperwork, but she takes with her." Uncorrected Class III 0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC Based on observation, record review, and interview, the facility failed to have an Administrator who passed the core competency test no later than 90 days after becoming employed. Findings included: A review of the Florida Health Finder database revealed that Staff A was the Administrator of the facility . On from 8:27 AM to 12:50 PM the administrator was not present in the facility and the staff was not able to communicate with him via telephone. A review of Staff A's employee file revealed the Administrator was hired on , and there was no documentation the administrator passed the CORE competency test. A review of the Administrator CORE link database revealed the administrator was not listed as a successful examinee. Uncorrected Class III 0082 - Training - / - 58A-5.0191(4) FAC Based on record review and interview, the facility failed to ensure that one out of four staff sampled completed and (/ , ,) training within 30 days of employment (Staff D). Findings included: Review of Staff D's record showed the staff was hired on that there was no documentation that Staff D had completed / training. On at 12:46 PM Staff C stated "I do not know where that paperwork is, the administrator said		

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all the trainings were in the files." Uncorrected 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 that out four sampled staff received the additional 2 hours of training required after , before assisting with self-administered medication (Staff B). Findings Included: A review of Staff B's file revealed Staff B was hired on . There was no documentation the staff completed the 2 hours of additional training on assistance with self-administered medication required after . On at 12:46 PM Staff C stated "I do not know where that paperwork is, the administrator said all the trainings were in the files." Uncorrected Class III 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on observation, record review, the facility failed to notify each resident or resident representative in writing of implementation of the emergency power plan. The facility also failed to have monoxide detectors. Findings Include: On at 12:35 PM observed that the facility did not have monoxide detectors. A review of the resident files revealed there was no documentation that the resident or resident representative were informed about the implementation of the emergency management plan. Uncorrected		

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Class III		