STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967286	**12/05/2018**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE OF ST PETERSBURG**	STREET ADDRESS, CITY, STATE, ZIP CODE **1001 9TH STREET NORTH** **SAINT PETERSBURG, FL 33701**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint survey (CCR#2018016158, CCR#2018015824 and CCR#2018015617) was conducted on at Loving Care of St. Petersburg (License #11357) an Assisted Living Facility in St. Petersburg, FL. There were deficiencies identified at the time of survey.

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

Based on record review and interview the facility failed to ensure 2 (Staff A and Staff C) out of 4 records reviewed contain evidence of an annual negative tuberculous ( ) examination.

Findings Included

Employee record review conducted on revealed Staff A with a date of hire of . Staff A's employee record did not contain evidence of a negative examination.

Employee record review conducted on revealed Staff C with a date of hire of . Staff C's employee record did not contain evidence of a negative examination.

An interview with the Facility Director was conducted on at 1:37pm. The Facility Director confirmed missing evidence of an annual negative examination for Staff A and Staff C.

Class III

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

Based on record review and interview the facility failed to ensure staff had ( ) training for 1 (Administrator) out of 4 record reviewed.

Findings Included

Employee record review conducted on revealed the Administrator with a date of hire of did not have training in their file.

An interview with the Facility Director was conducted on at 1:37pm. During the interview, the

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Facility Director reviewed the employee records and confirmed missing training for the Administrator.
Class III

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

Based on observation, interview, and record review, the Facility failed to provide a safe living environment for all residents (69), clean and free of hazards, and ensure linens/bedding provided are free of stains.

Findings Included:

During a tour of the Facility on , the following was observed: a drawer full of trash and rodent feces in second floor desk, damaged wall with plumbing exposed in exercise area, dirty shower with broken floor tiles in second floor bathroom, ceiling leak with newspapers covering the floor and broken windows in , rodent glue trap with rodent behind second floor desk, broken bathroom door in , dirty bathroom broken toilet in , red stained blanket in , and live roach in bathroom wall in (photo evidence).

Resident #7 was interviewed on , at 9:43am and stated, "No one has cleaned for three to four weeks, they can give me a mop and broom, and tell me to clean."

Resident #2 was interviewed on , at 10:49am and they stated, "I have seen roaches, bed bugs, and rats in the front of the building. The rats go behind the entertainment center. I saw it two days ago. The staff all know about the rats. We always have bed bugs, there are bed bugs in most rooms, but I do not have them."

Resident #5 was interviewed on , at 11:17am and stated that the newspapers are put on the floor because when it rains the ceiling leaks, and that they had bed bugs in their room.

A record review of the facility's Pest Sighting Documentation Log on revealed the facility was using heat treatment and spraying for pests in the months of , , , and .

A pest company Representative was interviewed on , at 11:27am at which time they stated the last service to the facility was in and that the account had been canceled due to nonpayment.

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Staff F was interviewed on at 11:45am at which time they stated that there are bed bugs right now in .

The Facility Director was interviewed on , at 2:30 and acknowledged and confirmed the Physical Plant issues in the facility.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview, the facility failed to maintain a copy of the job description given to each staff for 1 (Staff A) and an application and references for 1 (Administrator) out of 4 employee records reviewed.

Findings Included

Employee record review conducted on revealed the Administrator with a date of hire of did not have an application with references in their employee record.

Employee record review conducted on revealed Staff A with a date of hire of did not have a job description in their employee record.

An interview with the Facility Director was conducted on at 1:37pm. During the interview, the Facility Director reviewed the employee records and confirmed there was no job description in the file for Staff A and there was no application with reference in the file for the Administrator.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

Based on record review and interview the facility failed to ensure staff had Limited Mental Health (LMH) training within 6 months of date of hire for 1 (Staff B) out 4 records reviewed.

Findings Included

Employee record review conducted on revealed Staff B with a date of hire of and no evidence of staff having LMH training.

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Interview conducted on [redacted] at 1:37pm with the Facility Director revealed there was no LMH training on file for Staff B.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on employee record review and interview, the facility failed to maintain an up-to-date Background Screening (BGS) Roster.

Findings Included

During a record review of the Agency for Health Care Administration Clearinghouse Facility Employee Roster on , it revealed Staff D with a hire date of and no end date.

During an interview with the Facility Director conducted on at 10:27 am revealed Staff D was no longer an employee at the facility and their last day of work was . The Facility Director confirmed the BGS Roster was no up-to-date.

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on record review and interview, the facility failed to maintain the compliance attestation for 3 (Staff A, Staff B, and Staff C) of 4 employee records reviewed.

Findings Included:

Employee record review conducted on revealed Staff A with a date of hire of and there was no compliance attestation in the employee record.

Employee record review conducted on revealed Staff B with a date of hire of and there was no compliance attestation in the employee record.

Employee record review conducted on revealed Staff C with a date of hire of and there was no compliance attestation in the employee record.

Interview conducted on at 1:37pm with the Facility Director confirmed there were no compliance attestation in Staff A, Staff B or Staff C's employee records.

Unclassified