STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911030	**01/30/2019**
NAME OF PROVIDER OR SUPPLIER **LUCILLE'S LOVING CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **17820 NW 22ND AVENUE** **MIAMI, FL 33056**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . . . . Lucille's Loving Care, with a Limited Mental Health service component, had deficiencies at the time of the survey:

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

Based on record review and interview, the facility failed to have a printed verification of eligible Level II background screenings for four of four (Staff A, B, C and D) sampled staff.

Findings included:

Record review revealed no current printed verification of an eligible Level II background screening for Staff A (hired). The last verification was dated .

Record review revealed no current printed verification of an eligible Level II background screening for Staff B (hired). The last verification was dated .

Record review revealed no current printed verification of an eligible Level II background screening for Staff C (hired . . . . .). The last verification was dated . . . .

Record review revealed that Staff D (hired . . . .) did not have an update copy of her background screening in file.

Review of the background screening clearinghouse database revealed that Staff A, B, C and D had an eligible background screening result; however, the facility did not have documentation of these results.

On . . . . . at 12:45 pm Staff A stated, "We have been the same staff for years, I just forgot to print out the updated backgrounds."

Class III

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

Based on observation, record review, and interview, the facility failed to have a complete record for two of two (#1 and #2) sampled residents. The facility also failed to have a complete health assessment for

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one (#1) of two sampled residents.

Findings included:

Observation on at 12:00 pm revealed that Staff B searched through Resident #1 and #2's records looking for missing documentation.

Record review revealed that Resident #1 and #2 did not have a complete record; they were missing a consent acknowledging that unlicensed staff assisted them with self-administration of medication.

Record review revealed that Resident #1 did not have a complete health assessment. Resident #1's health assessment had left blank the question of whether the resident posed a danger to self or others, and also whether the resident required 24 hour nursing or , , care.

Interview on at 11:00 am Staff B confirmed that Resident #1's health assessment was not complete, and Resident #1 and #2 did not have a consent for unlicensed staff assist with self-administration of medication. In addition, Staff B stated that he did not know about the consent.

ON 1/3019 at 12:45 pm, Staff A stated, "This is the first time I heard about that document."

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to provide documentation of an Emergency Management Plan approval.

Findings included:

Observation on at 9:30 am revealed that the facility did not have an emergency management plan 2018 letter (approved 2018) in the facility.

Record review revealed that the facility did not have a Comprehensive Emergency Management Plan (CEMP) approval letter 2018. The facility had a printed email from the CEMP staff.

On at 12:45 pm, Staff A acknowledged that the facility did not have an emergency management plan physically in the facility. Staff A stated, "The person in charge of CEMP, told me that they are not

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sending it by mail anymore."

Class III

L241 - LMH - Records - 429.075( ); 58A-5.029(2) FAC

Based on record review and interview facility failed to have one of six (#1) sampled Residents with Community Living Support Plans that were updated annually.

Findings included:

Record review revealed no documentation of an updated Community Living Support Plan for Residents 3, 4 and 5.
Further record review revealed that Resident #3's last Community Living Support Plan was dated . . . .; Resident #4' was dated . . . and Resident #5's dated . . . .

On . . . . at 2:00 pm Staff B confirmed that Residents #3, #4 and #5's plans were not annually updated.

Class III