

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969250	(X3) DATE SURVEY COMPLETED R 02/14/2019
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

A second unannounced complaint revisit to CCR #2018013180 was conducted on at Best Loving Care #1 LLC, License #13072. The facility had one new deficiency and an uncorrected deficiency 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) Per brief interview with the current Administrator on at approximately 9:45 AM, he stated he visited this facility once a week, with next scheduled visit to be (Sunday). The Administrator confirmed that he is the Administrator for a 2nd facility and Assistant Administrator for a 3rd facility, both the 2nd and 3rd facilities are within 20 miles of Orlando. The Administrator was notified verbally during this conversation that a Manager must be appointed to this facility who meets the regulatory requirements, one being that he/she must pass the CORE exam.
- 2) On at 9:35 AM, 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 Owner/Manager had completed CORE Training on, but she confirmed she still had not passed the CORE Training Exam and no date for taking the exam had been scheduled. The Manager claimed she had not understood that she could not be the Manager of the facility and thought that everything was fine as long as she was overseen by an Administrator, using "language barrier" as the reason for the misunderstanding. The state regulation concerning the requirements of Administrator and Manager were thoroughly explained in person on each of the previous visits to the facility, which the Manager claiming to understand and stated that she would look for either a new Administrator or Manager, and she would retake the CORE exam. The Plan of Correction submitted on also documents: "The Owner of the facility is in the process of finding a new administrator and also planned to take the next scheduled CORE exam in this area." The Owner had requested an extension to the correction date to complete the exam.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/04/2019
FORM APPROVED

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On at 10:30 AM, the state regulation regarding requirements for Administrators and Managers of an ALF were again explained in detail to the Owner/Manager. She stated she understood and repeated that she must either look for a new administrator or manager for the facility, or pass the CORE exam. Class III Uncorrected Deficiency 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on observation and staff interview, the Provider failed to acquire and install monoxide detectors. The findings included: At the time of the visit to the facility on, no monoxide detectors were observed to be installed in any of the common areas. A telephone interview with the Owner on at 2:40 PM, confirmed monoxide detectors had not been purchased and installed as of the date of this interview. Class III		