STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922240	**02/20/2019**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **870 7TH AVENUE NORTHEAST** **LARGO, FL 33770**	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated Biennial licensure survey was conducted on .

The Loving Care Assisted Living LLC, Assisted Living Facility (License #6146), had deficiencies at the time of this visit.

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on record review and interview, the facility failed to ensure that 1 of 2 staff who provide 5 current residents assistance with self-administration of medications have completed required training in providing assistance with self-administration of medications.

Findings included:

Review of Employee Records and Resident Medication Observation Records conducted at the facility on beginning at 10:00am revealed the following:

Staff B was hired as a Caregiver on and provides residents assistance with self-administration of medications.

Staff B's file contained a certificate for 2 hours of online training entitled "Assistance with Self-Administered Medication" on . There was no evidence of 4 hours of initial training in assisting with self-administration of medications in Staff B's file and no indication of the required additional 2-hour training with updated medication provision requirements.

Staff A stated (at 10:50am): "I am the only one who does meds except when I'm not here, <Staff B> does. The Administrator does not provide meds."

The Administrator stated (at 1:15pm): "I do not provide meds; just those 2 <Staff A and Staff B> do meds. The Administrator acknowledged staff files not containing certificates evidencing completion of required training.

Class III

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0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review and interview, the facility (current census: 5 residents; licensed for 8) failed to ensure 48 hours of fuel storage onsite, as required for a facility with a licensed capacity of 16 beds or less. The facility failed to ensure acquisition of sufficient fuel and safe maintenance of that fuel at the facility to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source.

Findings included:

Surveyor reviewed the facility's Comprehensive Emergency Management Plan records with the Administrator, conducted the Assisted Living Facility Generator Assessment, and interviewed the Administrator at the facility on beginning at 1:30pm.

Record review and interview with the facility Administrator revealed that the facility developed a Comprehensive Emergency Management Plan and submitted the Plan to Local Authorities (Pinellas County) on ; the Plan was approved and implemented on .

The Administrator stated that his plan to get fuel to operate the facility's portable generator, which requires gasoline for operation, is to "go to the gas station down the street and fill up containers, <we're> not in hurricane season yet, and do not store fuel onsite but will have fuel when needed." Although there is no local ordinance or other restriction that prohibits fuel storage, the Administrator stated that having containers readily available is sufficient and that it is unsafe to store gas onsite, so he bought many containers for gas when needed.

Class III

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

Based on observation, record review, and interview, the facility failed to ensure that 1 (Staff A) of 3 direct resident care employees (of facility with 5 residents) completed level 2 background rescreening every 5 years as a condition of continuing employment.

Findings included:

On beginning at 10:30am, Employee Record reviews of 3 employees who provide facility resident care services were conducted at the facility. Record review revealed Staff A was hired on

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as a Housekeeper/Aide and provides direct resident care services, including provision of assistance with self-administration of medications. Staff A was observed providing resident care services at the time of visit.

Staff A's employee file contained documentation of Level II screening and employment eligibility effective , indicating that Staff A was due for required 5-year rescreening by . Review of the Agency for Health Care Administration (AHCA) Background Screening website on revealed "A New Screening is Required." As of , Staff A had not completed the required rescreening.

Findings were reviewed with the Administrator, including the overdue screening in Staff A's file. On at 12:15pm, the Administrator checked the online AHCA Background Screening site and found "A New Screening is Required." The Administrator acknowledged that 5-year rescreening had been due by .

Unclassed