STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965996	**02/19/2019**
NAME OF PROVIDER OR SUPPLIER **TENDER LOVING CARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3100 SW 79 AVENUE** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on . Tender Loving Care ALF had deficiencies identified at the time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on observation and interview, the facility failed to obtain an approval prior to use facility's office/ staff room as resident room.

Findings included:

During a facility's tour on at 9:10 AM, two resident rooms and one room marked as "Staff room" were observed with five beds.

Resident #3 resided in the room marked staff room.

Interview conducted on at 12:52 PM, Administrator stated the room marked "Staff room" was the facility's office. Further, she said, "The facility had six resident rooms, but I have been living here with my family. We are going to move soon."

Class III

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on record review and interview, the facility failed to provide the required pre-service training prior to being work and interacting with residents for one out of five (Staff B) sampled staff.

Findings included:

Record review revealed Staff B began work on and did not received per-service training until .

In an interview on at 12:08 PM, the Administrator stated Staff B not receiving the pre-service training as required was a mistake. She said she thought doing it two days after the staff started work was fine.

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Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on record review and interview, the facility failed to ensure all the staff completed mandatory / training as required for two out of five (Staff A & B) sampled staff.

Findings included:

Staff record review showed there was documentation present to demonstrate Staff A & B completed the required / training.

Interview conducted on at 11:18 am, the Administrator stated Staff A & B did not have / training on file as required. She stated should would make sure the employees take the training.

Class III

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 staff records had documentation showing the completion of the initial four hour training in assistance with self administration of medication for one out of five (Staff C) sampled staff.

Findings included:

Staff record review showed there was documentation of the initial four hour training in assistance with self administration of medication for Staff C.

Interview conducted on at 12:05 PM, the Administrator stated Staff C's medication training certificate was located offsite in boxes because they are in the process of moving things around. She stated that she is certain he took the training.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility failed to have proof of a satisfactory fire inspection and

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

sanitation inspection.

Findings included:

Review of facility record showed a sanitation inspection dated . . . . . and a fire inspection dated . . . . . with three violations.

Interview conducted on . . . . . at 12:52 PM, the Administrator stated that the facility had a current satisfactory sanitation inspection but she was unable to provide the documentation at the time of the survey. We are waiting to be re-inspected by fire department.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review, and interview, the facility failed to notify its residents and/or the resident's representative of the implementation of the facility's Emergency Plan. Additionally, the facility did not have . . . . monoxide detectors onsite at the time of survey.

Findings included:

On . . . . . at 9:40 AM it was observed that the facility did not have . . . . monoxide detectors installed as required.

Record review revealed that the facility did not notify residents and/or their legal representatives of the facility's emergency plan as required.

Interview conducted on . . . . . at 12:58 PM, the Administrator stated that she will install the . . . . monoxide detectors and will notified the resident's and/or their representative of the implementation of the plan.

Class III