STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968818	02/18/2019
NAME OF PROVIDER OR SUPPLIER **LIVING CARE FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **10355 SW 38 TERR** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on & . Living Care Facility Inc. had deficiencies identified at the time of the survey:

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observation, and record review, the facility's staff failed to follow proper procedures while assisting one out of five sampled residents with self-administration of medication (Resident #4). The medications were not provided within one hour of the ordered timeframe.

Finding included:

On at 6:30 AM, observed Staff D assist Resident #4 with self-administration of medication in the dining room. There was a plastic cup with the resident's name on the table. The plastic cup had a few pills inside. The resident took the cup and swallowed the medicine with water. Staff B did not tell the resident the medicines' names.

Medication Observation Record showed that Resident's #4 medications were ordered at 8:00 AM.

A review of the medication observation record (MOR ' s) revealed that medicines 1 mg, 5 mg, 150 mg showed the staff initialed the log before Resident #4 took the medications.

Class III

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

Based on record review, and interview, the facility failed to provide documentation of the required two-hour pre-service orientation for two out of five (Staff C and D) sampled staff. The facility failed to provide documentation of the in-service training regarding resident rights in an assisted living facility and recognizing and reporting resident , neglect, and within thirty (30) days of employment for one out of five (Staff D) sampled staff.

Findings included:

Review of Staff C's and D's records showed that there was no documentation of the minimum 2 hour

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required pre-service orientation. Staff D record did not have documentation of the in-service training regarding resident rights in an assisted living facility and recognizing and reporting resident , neglect, and , . Staff C was hired on 11/08/18 and Staff D was hired on .

Interview conducted on at 1:55 PM, Staff B stated Staff C and D received two hours pre-service orientation and Staff D received the in-service training but she was unable to provide the documentation.

Class III

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

Based on record review and interview, the facility failed to have an accurate health assessment for two out of five (Resident #1 and #2) sampled residents.

Findings included:

Observation on at 11:55 AM showed Resident #1 and #2 were eating a pureed meal.

A review of Resident #1's health assessment dated showed the physician ordered no added salt and low fat/low diet. Hospice record showed the physician ordered puree diet on .

A review of Resident #2's health assessment dated showed the physician ordered low fat/low diet. Hospice record showed the physician ordered puree diet on .

Interview conducted on at 1:55 PM, Owner stated she would contact Residents #1 and #2's physicians to obtain a new health assessment.

Class III