STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943150	**02/11/2019**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE CENTER, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **9210 SW 56TH STREET** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted , , to , , . The Loving Care Center, with a standard license, had the following deficiencies identified at the time of survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS

Based on observation and record review and interview, the facility failed to provide 45-Day notice to one of seven sampled residents (Resident 7) who the facility did not want to keep due to inappropriate behavior. The facility failed to provide resident rights to one of seven sampled residents (Resident 3), the resident's bed had the bed rail in the middle of the bed.

Findings included:

On , , at 7:10 AM, observed Resident 3's bed with bed rail installed in the middle of the bed.

On , , at 7:52 AM, the Administrator stated, "She has a ½ bed rail but, yes, she cannot get it down by herself."

Review of the facility's admission and discharge log showed Resident 7's admission and a discharge date . The resident record did not have significant progress notes.

On , , at 11:45 am, "I spoke to the son and told him that we could not keep her any more, she was stilling from other residents; she was terrible."

Review of Resident 7's record did not show any significant progress notes and did not have the required 45-Day notice of discharge.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and interview, the facility failed to conduct a minimum of two resident elopement prevention and response drills per year.

Findings included:

Review of the facility's records showed, elopement drills conducted , ,

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SUMMARY STATEMENT OF DEFICIENCIES
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and .

On , , at 9:00 AM, the Administrator stated the elopement drills were conducted once per month and that everyone participated.

On , , at 9:10 AM, in reference of when elopement drills had been conducted at the facility, Staff A stated, "Never." At 9:24 AM, Staff C stated, "Never."

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to maintain a daily medication observation record (MOR) for 1 of 6 residents (Resident #2).

Findings include:

On a record review revealed the medication observation record had not been signed as required for 1 of 6 residents (Resident #2).

In an interview on at 1:50PM, the Administrator stated Staff B was very nervous because of the presence of surveyors and being watched that she forgot to sign the Medication Observation Record as required.

Class III

0076 - ( ) - 58A-5.0186 FAC

Based on record review and interview, the facility failed to assure that the staff was aware of the residents who had ( ) on record.

Findings included:

Record review of all current staff showed training.

On , , at 9:24 AM, Staff C stated to know what was but did not know who had it at the facility.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the facility failed to appoint in writing a separate manager for the facility.

Findings included:

Review of the facility's roster showed the Administrator for the facility was also the Administrator for another facility. In addition, the facility did not have an assigned manager for the facility. The last manager was employed from . . . . to . . . . .

On . . . . . at 12:05 PM, the administrator acknowledged that the facility needed to have an assigned manager.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on a record review and interview, the facility failed to assure that one of six sampled staff (Staff C) accurately understood the procedures.

Findings included:

Review of Staff C's record showed a current First Aid and training. .

On . . . . . at 9:24 AM, Staff C stated in reference to what to do in case of an emergency if the resident is not responding, "I call 911, the administrator and the family members. I put a sheet over their . . . and wait for the rescue."

Class III

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

Based on a record review and interview, the facility failed to ensure that one of six staff (Staff B) did not have a completed employment application, including references, as required for licensure.

Findings included:

A record review on revealed Staff B had no reference included in her employment application.

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

In an interview on at 1:50pm, the Administrator stated she really didn't pay attention to Staff B's employment application and was aware it was missing references because she knew the staff member long before she worked for the ALF so she didn't worry about checking any references.

Class III

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

Based on record review and interview, the facility failed to ensure that one of seven sampled resident contacts was signed by a health care surrogate, health care proxy, guardian, or the existence of a power of attorney (POA). (Resident 2).

Findings included:

Record review found Resident 2's contract and admission records were signed by her son. The file had an internal document from a hospice company regarding advance directives. The facility failed to have documentation of the of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney.

The administrator stated on at 9:19 AM she believed Resident 2 'son had another POA form.

Class III

Based on observation and record review, the facility failed to implement the emergency power plan submitted and approved by the agency on . The facility failed to provide proof of monoxide detector, fuel and policy and procedures that should be available to all staff and residents for review.

Findings included:

On at 8:30 AM, observed a portable generator located in the , outside of the facility. It was also observed, that the facility did not have fuel or monoxide detector.

On at 8:41 AM, in reference to the policy and procedures, the Administrator stated, "I do not have the book here, I either took it home or my consultant has it." In reference to the monoxide detector and the fuel, the administrator acknowledged that both needed to be at the facility for

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SUMMARY STATEMENT OF DEFICIENCIES
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compliance.

Class III

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on a record review and interview, the facility failed to ensure that two of six Staff (Staff B and C) were listed in the Background Screening Clearinghouse Roster as required. In addition, the facility failed to remove two staff who were no longer employed (Staff D and E).

Findings included:

A record review on revealed Staff B and C were not listed on the facility employee roster.

On , at 11:05 AM, the Administrator stated, "Staff D and E do not work here anymore. I need to remove them from the roster."

In an interview on at 1:50 PM, the Administrator said she didn't know why the staff were not listed on the roster. She said it was an oversight, her mistake.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Standard Biennial Survey was conducted , , to , . The Loving Care Center, with a standard license, had the following deficiencies identified at the time of survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation and record review and interview, the facility failed to provide 45-Day notice to one of seven sampled residents (Resident 7) who the facility did not want to keep due to inappropriate behavior. The facility failed to provide resident rights to one of seven sampled residents (Resident 3), the resident's bed had the bed rail in the middle of the bed.

Findings included:

On , , at 7:10 AM, observed Resident 3's bed with bed rail installed in the middle of the bed.

On , , at 7:52 AM, the Administrator stated, "She has a ½ bed rail but, yes, she cannot get it down by herself."

Review of the facility's admission and discharge log showed Resident 7's admission and a discharge date . The resident record did not have significant progress notes.

On , , at 11:45 am, "I spoke to the son and told him that we could not keep her any more, she was stilling from other residents; she was terrible."

Review of Resident 7's record did not show any significant progress notes and did not have the required 45-Day notice of discharge.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(I)

Based on record review and interview, the facility failed to conduct a minimum of two resident elopement prevention and response drills per year.

Findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to maintain a daily medication observation record (MOR) for 1 of 6 residents (Resident #2).

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Based on record review and interview, the facility failed to assure that the staff was aware of the residents who had ( ) on record.

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Record review of all current staff showed training.

On , , at 9:24 AM, Staff C stated to know what was but did not know who had it at

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the facility.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 429.52( ),58A-5.019(1) FAC

Based on record review and interview, the facility failed to appoint in writing a separate manager for the facility.

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Review of the facility's roster showed the Administrator for the facility was also the Administrator for another facility. In addition, the facility did not have an assigned manager for the facility. The last manager was employed from to .

On , , at 12:05 PM, the administrator acknowledged that the facility needed to have an assigned manager.

Class III

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Based on a record review and interview, the facility failed to assure that one of six sampled staff (Staff C) accurately understood the procedures.

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Review of Staff C's record showed a current First Aid and training. .

On , , at 9:24 AM, Staff C stated in reference to what to do in case of an emergency if the resident is not responding, "I call 911, the administrator and the family members. I put a sheet over their and wait for the rescue."

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

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SUMMARY STATEMENT OF DEFICIENCIES
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have a completed employment application, including references, as required for licensure.

Findings included:

A record review on revealed Staff B had no reference included in her employment application.

In an interview on at 1:50pm, the Administrator stated she really didn't pay attention to Staff B's employment application and was aware it was missing references because she knew the staff member long before she worked for the ALF so she didn't worry about checking any references.

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Findings included:

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The administrator stated on at 9:19 AM she believed Resident 2 's son had another POA form.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and record review, the facility failed to implement the emergency power plan submitted and approved by the agency on . The facility failed to provide proof of monoxide detector, fuel and policy and procedures that should be available to all staff and residents for review.

Findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

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Unclassified