| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966463** | **02/11/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**J C LOVING CARE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**11260 SW 176 STREET**<br>**MIAMI, FL 33157** | |

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

**0000 - Initial Comments**

AMENDED
A Standard Biennial Survey was conducted on . JC Loving Care (License #10657) had deficiencies identified at the time of the survey:

**0078 - Staffing Standards - Staff - 58A-5.019(2) FAC**

Based on record review and interview the facility failed to have free from communicable ( ) on annual basis for 2 of 3 (Staff A and B) Staff.

Findings as follow:

Record review showed the freedom from statement for Staff A was dated and for Staff B was dated .

On at 2:30 PM the Administrator stated Staff A and Staff B needed a new statement.

Class III

**0079 - Staffing Standards - Levels - 58A-5.019(3) FAC**

Based on record review and interview the facility failed to maintain a staff schedule showing the minimum staff hours per week.

Findings as follow:

Record review showed the staff schedule was dated .

On at 2:00 PM the Administrator stated that he was going to do the schedule for .

Class III

**0083 - Training - First Aid and - 58A-5.0191(5) FAC**

Based on observation, record review and interview, the facility failed to have at least 1 Staff present at all times trained in ( ) and First AID.

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

Findings as follow:

On at 10:30 AM Staff F was observed alone with 3 residents.

Record review showed the facility had no documents available for review for Staff F.

On at 10:30 AM Staff A stated that she had no because she was not a staff member but she was taking care of the residents for 2 days to assist the Administrator.

Class III

**0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC**

Based on observation, record review and interview the failed to have 3 out of 3 ( Staff A, B and C) trained in topics pertinent to nutrition and food service in an assisted living facility.

Findings as follow:

On at 12:35 PM Staff C was observed serving food.

Record review showed no documentation of Staff C's Nutrition and food service training. Further review showed the nutrition and food training for Staff A (dated ) and B (dated ) were expired.

On at 2:30 PM the Administrator stated he believed Staff A and B had the updated Nutrition and food trainings, but he was unable to provide documentation of it.

Class III

**0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC**

Based on observation and interview the facility failed to provide have a safe living environment, free of hazards.

Findings as follow:

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

On at 2:00 PM it was observed the patio, accessible to and used by residents, (armoires, beds, seats, tables) piled against the fence and the wall of the facility.

On at 2:30 PM the Administrator acknowledged he had to dispose all that furniture to leave the patio in clean condition.

Class III

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

Based on observation, record review and interview the facility failed to maintain personnel records for 1 out of 3 ( Staff F) Staff containing, at a minimum, an employment application and documentation of the background screening.

Findings as follow:

On at 10:30 AM, observed Staff F working with 3 residents.

Staff record review showed none for Staff F.

On at 10:30 AM Staff F stated had been working in the facility for 2 days.
On the Administrator stated Staff F had been working in the facility for 2 days. He stated there were no records of Staff F available for review.

Class III

**0181 - Emergency Plan Approval - 58A-5.026(2) FAC**

Based on record review and interview the facility failed to review its emergency management plan on annual basis.

Findings as follow:

Facility record review documented the last Emergency Management Plan was dated .

On at 2:00 PM the Administrator stated that had the new plan approved but was unable to show documentation of it.

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

Class III

**0200 - Emergency Environmental Control - 58A-5.036 FAC**

Based on record review and interview, the facility failed to acquire the services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility. The facility also failed to notify in writing to residents and family about the implementation of the plan.

Findings as follow:

Facility record review showed no documentation of the services aquired to maintain and test the generator. The facility also had no written documentation that it had informed residents and their families about the implementation of the Emergency Power Plan.

On at 3:00 PM the Administrator stated he had to call the consultant in order to complete the emergency power plan requirements.

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 observation, record review and interview the facility failed to maintain the employment status of 4 out of 6 (Staff C, D, E and F) employees on it's roster in the background screening clearinghouse.

Findings as follow:

On at 10:30 AM, Staff F was observed taking care of 3 residents.

A review of the facility's roster in the background screening clearinghouse database showed Staff C, D, and E registered. Staff C was listed as Administrator. Staff F was not listed.

On at 2:30 PM the Administrator stated only Staff A, B and F were still employed. The Administrator said Staff C,

Unclassified

**Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS**

Based on observation, record review and interview the facility failed to obtain an eligible Level 2 background screening to 1 out of 3 (Staff C) Staff who had more than 90 days break in service.

Findings as follow:

On at 10:30 AM Staff C was observed alone in facility with 3 residents. At 12:35 PM Staff C was observed serving food to residents.

Background screening database review showed Staff C level 2 background screening date was with no employment history.

On at 10:30 AM Staff C stated that she had been taking care of residents for 2 days. She stated that she did not work in ALFs for long ago when she retired.

Unclassified