STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953310	**03/14/2019**
NAME OF PROVIDER OR SUPPLIER **A LOVING PLACE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **25 WEST 26 STREET** **HIALEAH, FL 33010**	

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

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

Based on record review and interview, the facility failed to maintain an up-to-date employee roster in the Background Screening Clearinghouse Database.

Findings included:

A review of the facility's roster in the Background Screening Clearinghouse Database on revealed that Staff D hired date unknown was not on the facility's roster and Staff B was on the roster but was terminated on .

During an interview on at 11:42 AM the Administrator stated "I have four staff."

Unclassified

Z824 - Right of Inspection; Inspection Reports - 408.811 FS; 59A-35.120 FAC

Based on observation, record review and interview, the facility failed to provide access to all residents and staff records.

Findings included:

On at 7:48 AM observed three Staff at the facility with a census of 11 residents.

On at 8:01 AM the residents' files were requested. Staff B stated "I don't know. The Administrator is coming."

On at 8:37 AM the Administrator stated "I took all the paper home yesterday that was a big mistake."

A review of the facility's records on showed there were no residents' and staff ' records available at the facility for review.

On at 8:41 AM observed the Administrator writing the residents name on the admission and discharge log. She stated "Oh I did not print the residents name, Ok I am going to stop."

On at 8:44 AM observed the Administrator's family member pushing a red large shopping cart

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full of files in plastic bags in the facility.

Unclassified

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0000 - Initial Comments

An Abbreviated Survey was conducted on . A Loving Place ALF, with a Limited Health Component, had deficiencies identified at the time of the survey.

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

Based on observation, record review and interview, the facility failed to maintain a daily updated medication observation record (MOR) for two of eight sampled residents who received assistance with self-administration of medications each time the medication was offered (Residents #1 and 4).

Findings included:

A review of Resident #1's MOR showed that the medications were given and signed off from to . Medication reconciliation showed that the dosage for to were still on the medication pacakage. The MOR did not show any record of hospitalization or reason why the medications were still there. 150 mg tablet, 50 mg take 1 tablet by at night (MOR), on the it was 150 mg, written given from to at 8:00 PM. However, the dosage was still on the packs. 40 mg tablet, take 1 tablet by Tamusulosin 0.4 mg caps, , 2.5 mg tablet, , 10 mg tablet, Nemantine 5 mg tablet, did not have a MOR but were given from - ,

On at 9:38 AM the Administrator stated "the medication don't come in the beginning of the month. Remember when they go the hospital the does not look the same. Resident #1 went to the hospital on to . Oh I am sorry it was in ."

A review of the MOR for Resdient #4 showed: , 10 mg tablet, take 1 tablet by daily; , 81 mg, take 1 tablet by once daily; 100 mg softgel, take 1 tablet by once daily; 20 mg tablet, take 1 tablet by once daily; , 2.5 mg tablet, take 1 table by once daily; , 40 mg tablet, take 1 tablet by once daily; 15 mg tablet, take 1 tablet by once daily; , TART 100 mg tablet, take 1 tablet by twice daily; 0.4 mg caps, take 1 tablet by once daily;
Bedtime: , 2 mg tablet, take 1 tablet by at night, the pack was punched from to and on ." There was no explanation on the of the MOR for the reason why dosage for was missing." At 10:20 AM the Administrator stated "last night they called me regarding that medication. It while the resident was taking it. They look everywhere they couldn't find it. They gave him the one for . I was going to call the pharmacy today."

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Class III

0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC

Based on observation, and interview, the facility failed to keep all Over The Counter (OTC) products labeled and stored in a locked container or secure room in a central location within the facility.

Findings included:

During a tour of the facility on at 8:15 AM, observed in an unlocked closet by # a bottle of OTC product - tablet 8.6 mg in a basket.

On at 8:15 AM, Staff C removed the bottle and threw it in the garbage and said "no good".

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure that one out of four sampled direct care staff (Staff D) received at least one hour of adequate training in the facility's policies and procedures regarding ( ).

Findings included:

A review of the facility's records on showed there were no residents' and staff ' records available at the facility for review.

During an interview on at 10:32 AM, Staff D stated "I am not going to lie, I don't remember what is."

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and record review, the facility did not have a 3 day-emergency food supply and emergency available at all times. The facility also failed to have planned menus conspicuously posted or easily available to residents. The facility also failed to keep regular and therapeutic menus on file in the

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facility for 6 months.

Findings included:

On at 7:54 AM, observed Staff B serving the residents a breakfast consisting of toast, coffee, and milk. Further observation showed no posted menus, 3 day emergency food supply and emergency water.

On at 8:37 AM the Administrator stated "I took all the paper home yesterday that was a big mistake."

On at 8:44 AM observed the Administrator's family member pushing a red large shopping cart full of files in plastic bags in the facility.

Class III

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

Based on observation and interview, the facility failed to provide a safe living environment free of hazards to 11 out of 11 residents and failed to ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.

Findings included:

During a tour of the facility on at 8:15 AM observed in the ceiling bathroom located by # a dark spot that look like mold.

In an interview on at 8:44 AM the Administrator's family member stated "We are painting."

Class III

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

Based on record review and interview, the facility failed to maintain an up-to-date admission and discharge log.

Findings included:

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Arrived at the facility on at 7:48 AM and found Staff B with a census of 11 residents.

A review of the facility's admission and discharge log on revealed that Resident #7 and #8 were not listed on the log.

On at 8:41 AM observed the Administrator writing the residents name on the admission and discharge log. She stated "Oh I did not print the residents name, Ok I am going to stop."

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review and interview, the facility failed to have an Emergency Power Plan (EPP) to address its emergency environmental control in the event of the loss of primary electrical power. The facility failed to maintain a generator onsite to ensure it is equipped to ensure that it can maintain air temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The facility failed to store 48 hours of fuel onsite. The facility failed to have a monoxide installed onsite. The facility failed to have a copy of an approved EPP letter from a local agency. The facility failed to develop and implement written policies and procedures to ensure that it can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The facility failed to maintain a copy of the notification letter showing that it has notified in writing each resident and the resident's legal representative about its EPP.

Findings included:

Arrived at the facility on at 7:48 AM found the staff with a census of 11 residents.

During a tour of the facility on at 8:15 AM, no monoxide detectors and generator were observed.

In an interview on at 8:31 AM, the Administrator stated "the generator has been here since 2010 and it is at our house now. We will bringing it in when the emergency happens and they allow it because the facility was grandfathered. I can show you the installation." At 8:37 AM the Administrator stated "I took all the paper home yesterday that was a big mistake. The EPP was submitted but still not approved."

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In an interview on . . . at 8:44 AM, the Administrator's family member stated "we are painting. I already call the painter who took the . . . . monoxide down. He said he is going to bring them . . . . here. I can go get the generator. Do you want to see it? Do you want to hear it run?"

Class III