| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967609** | **04/17/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**LUBRIN LOVING CARE INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**6564 SW 20 COURT**<br>**PLANTATION, FL 33317** | |

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

**0000 - Initial Comments**

A unannounced Relicensure Survey was conducted at Lubrin Loving Care Inc on . . . . . . The facility had deficiencies at the time of the visit.

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

Based on observations and interviews, the facility failed to ensure that all staff that provide direct care to residents maintained active certification in First Aid as required for at least one staff member that is present in the facility at all times, for 2 of 2 sampled Staff (A and B).

The findings included:

On , employee record reviews for Staff A (hire date ), and Staff B (Hire date . . . . . ) revealed no documentation contained within the employee file, or provided by Administration, showing completion of current First Aid training.

Review of the staffing schedule posted on the wall inside the facility revealed that Staff A works from 7am to 7 pm Monday through Sunday and that Staff B also works Monday through Sunday from 7 pm to 7 am. Both Staff members work alone throughout the duration of their shifts at the facility.

During an interview with Staff A and the Administrator on at between the times of 2:00 pm and 3:00 pm, the Administrator was informed that the BLS training does not include First Aid training. The BLS card was handed to both Staff for review in which it stated and . The findings were discussed and acknowledged, no further documentation was provided for review.

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 fail to ensure that all staff members that assist with the self-administration of medication process had completed the 2- hour medication training update specifically related to the new rule changes, for 2 of 2 sampled staff members (Staff A and Staff B).

The findings included:

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

Record review for Staff A revealed that the initial 4-hour medication training was conducted on . No additional documentation was located in the file on the 2 hour medication update related to the new rule changes for unlicensed staff per the new rule effective date of . Review of the file for Staff B whose 4-hour medication training was conducted on revealed the same findings. Staff A was observed giving medications to residents on on the 7 am to 7 pm and during an interview with Staff B between the times 2:00 pm and 3:00 pm on it was stated that I give medications "as needed" on the night shift (7 pm to 7 am).

During an interview with Staff A and the Administrator on at 4:30 pm, the findings were discussed and acknowledged, no further information was provided for review.

Class III

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

Based on observation, interview and record review, the facility failed to have a Comprehensive Emergency Management Plan (CEMP) approved by the local emergency management agency.

The findings included:

Upon request to review the CEMP approval letter for the year of 2019 from the Local Emergency Management Division, no current documentation was provided.

During an interview with the Owner and the Administrator at 11:00 AM on , it was stated that we got a letter from them that should be in the big "AHCA Book."

Review of the AHCA Book with the Owner revealed a CEMP approval letter from the local Emergency Management Division dated for stating that the CEMP is valid and approved up until . No current CEMP approval letter from the local Emergency Management Division could be located. Throughout the duration of the survey, the opportunity was given to locate the documentation. No additional documentation was provided.

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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 have an Emergency Environment Control Plan (EECP) approved by the local Emergency Management Division.

The findings included:

The facility's EECP was requested from the Administrator, no documentation was provided. During an interview with Staff A and the Administrator over the phone at 2:15 PM on . . . . . ., it was stated that we do not have an EECP approved because we are waiting for permits from the city. The findings were discussed and acknowledged by both Staff, that the facility does not have an approved EECP. No further information was provided for review.

Class III