STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968836	**06/04/2019**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11008 AIRVIEW DR** **CARROLLWOOD, FL 33625**	

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

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on record review and interview, there was no official signed attestation of compliance with background screening requirements, AHCA Form 3100-0008, , , for two of three staff sampled (A; B).

Findings included:

Personnel record review during the survey revealed no signed attestation form having been signed for either Staff A or B (hired and).

Interview with the administrator at 1:15pm on provided no explanation for this discrepancy.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968836	**06/04/2019**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11008 AIRVIEW DR** **CARROLLWOOD, FL 33625**	

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

0000 - Initial Comments

A relicensure survey was conducted at the Loving Care ALF on . . . . . Deficiencies were identified at the time of the survey.

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on record review and interview, the medical examination report for one of two residents sampled (#1) had been entered on the wrong version of the AHCA Form 1823.

Findings included:

Resident record review during the . . . survey revealed that Resident #1, admitted , had a recent health assessment from . However, further review of this examination found that it had been recorded on the . . . . . edition of the 1823 form, and not the . . . . release. Interview with the administrator at 1:30pm on provided no explanation regarding this discrepancy.

Class III

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

Based on observation and interview, the facility did not adhere to all the steps involved with self-administration of medication with respect to two of two residents sampled (#1; 2).

Findings included:

At approximately 12:10pm on , Staff D was observed doing the following:
a) after comparing the medication against the medication observation record (MOR), she brought the a container of , to Resident #2 and placed a half tablet into a small plastic cup. Upon handing it to the resident, she said, "here is your medicine." Staff D then documented appropriately after the resident consumed the drug. Staff D did this same thing with the resident's Mapap and , . At no time was Staff D observed reading the pharmacy labels of any of these three (3) pharmaceuticals to the resident.

Interview with the Administrator at 3pm on provided no clarification for this oversight.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968836	**06/04/2019**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11008 AIRVIEW DR** **CARROLLWOOD, FL 33625**	

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

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interview and record review, the facility had not notified five of five residents or their representatives (#) regarding the implementation of its emergency power plan.

Findings included:

Interview with the owner at 11:45am on revealed that although the facility emergency power plan had been approved as of and implemented as of , they had not officially notified the residents and/or their family/legal representatives in writing of this final implementation. Review of the files for Resident # found no documentation of a letter/ notification to this effect.

Class III