

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/03/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966201	(X3) DATE SURVEY COMPLETED 03/22/2016
NAME OF PROVIDER OR SUPPLIER KATIA'S LOVING HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5130 SW 96 AVENUE MIAMI, FL 33165	

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

0000 Initial Comments

An unannounced Abbreviated survey was conducted on 03-22-2016 at Katia's Loving Home Inc. had deficiencies at the time of survey.

0077 Staffing Standards - Administrators

Based on record review and interview facility failed to have an appointed a Manager at the current facility since the Administrator is in charge of three other facilities at this time.

Findings included:

Record review revealed that the Administrator was in charge of three sister ALF facilities and neither of them have an appointed Manager.

The Florida State Facility Provider Locator Database showed that the Administrator was responsible for running three ALF's and none of the three have a manger.

Interviewed Administrator on 03-22-2016 at 3:00 PM, she stated that one of the facilities was being sold and that she was no longer affiliated with that facility. She stated that she did not understand why her name was still on record as the Administrator at that facility.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to have documentation verifying that one out of four sampled Employees (#A) had an up to date negative () test result on file at the time of the survey.

Findings included:

Record review revealed that employee (A) Manager started on 03-22-2016 and last time employee had a test was 03-22-2016.

The Administrator, on 03-22-2016 at 3:00 PM, confirmed that the Manager did not have the updated () results in the files at the time of the survey.

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Class III

0085 Training - Nutrition & Food Service

Based on record review and interview facility failed to have one out of four sampled Employees to have training in the areas for Nutrition and Safe Food Handling.

Findings included; Record review revealed that employee (A) Manager started on 1- and did not have any documentation showing to have been trained in this area for Nutrition and Safe Food Handling by a certified food Manager or Licensed Dietician.

Interviewed the Administrator on at 3:00 PM, she confirmed the findings in regards that the Manager did not have training in the areas for Nutrition and Safe Food Handling in the file at the time of the survey.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview facility failed to provide a clean and safe environment for the safety of the current residents.

Findings included: Observation of (#) observed a mattress on a Residents bed with black tape attached to the entire mattress edges, making it looked like the black tape was holding the mattress together at the seams.

On the outside area of the facility rear patio area observed five half rails leaning on the patio wall next to a wheelchair/ walker.

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Observation on the side of the rear apartment patio area of the facility observed an metal bed frame lying on it's side on the ground, further back next to back fence observed four unused wheelchairs and two wheeled walkers.

Observed a large piece of plastic wrap on the ground which was for covering of the wheelchairs and walkers. Observation of the rear roof of the small apartment in the rear patio area, observed an area of the under side of the roof was an area of rotten wood (photos were taken of these areas).

Interviewed Administrator on at 9:50 AM, she confirmed the findings in regards to the non-used wheelchairs/walkers and the other items that were found in the rear of the facility. Those items were being taken away from the facility but had not been picked up yet. The tape on the mattress was going to be thrown away and a new mattress was being replace for that

Class III

L243 LMH - Training

Based on record review and interview facility failed to have two out of four sampled Employees to have training in the areas for Limited Mental Health Training

Findings included; Record review revealed that employee (A) Manager started on 1- and did not have any documentation showing to have been trained in this area for Limited Mental Health Training by the Department of children and Families. Employee (D) started on (1-) did not have any documentation in the proving she had ever had any training for LMH for 6 hour or the new 8 hour courses. Employee has the 3 hours in the file, but not for the 6 or regulated hours needed for this area of training.

Interviewed the Administrator on at 3:00 PM, she confirmed the findings in regards that the (A) Manager /Caretaker (D) did not have training in the areas for Limited Mental Health Training by the Department of children and Families in the file at the time of the survey.

Class III

Z814 Backaround Screenina Clearinahouse

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Based on record review and interview facility failed to provide the Background Screening Clearing House document in the files at the time of the survey.

Findings included: Record review revealed that the facility did not have the employees who work at the facility at this current time a Background Screenings Clearinghouse document proving all of the employees did not a break in services since being employed at this ALF at the time of the survey on

Interviewed Administer on at 2:30 pm, she stated that the facility did not have the Background Screenings Clearinghouse document in the files at this time, but will have it at the next revisit survey.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

, 2016

Administrator
Katia's Loving Home Inc
5130 Sw 96 Avenue
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2016 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,


Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

XG90

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