STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953579	**11/01/2018**
NAME OF PROVIDER OR SUPPLIER **SMILES & LOVING CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1065 GARDEN ROAD** **MERRITT ISLAND, FL 32952**	

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

0000 - Initial Comments

A Complaint Investigation #2018011882 was conducted on . Smiles and Loving Care, license #8648, had deficiencies at the time of the investigation.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record reviews and interview, the facility admitted 1 of 3 sampled residents (#1) who exceeded the admission criteria for an Assisted Living Facility (ALF.)

Findings:

Resident #1's record revealed a facility admission date of . Her admission 1823 health assessment form, dated , indicated that she required total assistance with toileting.

The facility held a standard license therefore, resident #1 was inappropriately admitted when she required total assistance with toileting.

On at 1:34 p.m. the administrator confirmed the findings and said since resident #1 was on hospice when she was admitted, she believed it was okay to admit her.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record reviews and interview, the facility failed to maintain a written record for 1 of 3 sampled residents (#1) who developed a skin condition that required medical attention.

Findings:

Resident #1's record revealed a facility admission date of . A health care provider's order, dated , indicated resident #1 was to have 0.05% cream applied to "affected area" twice a day for two weeks or until resolved for a diagnoses of "skin irritation." The record did not contain a facility note to indicate the development of a skin irritation, what specifically the irritation was and to what area of her body.

On at 1:45 p.m. the administrator said the skin irritation was on various parts of the resident's

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body and occurred at various times. She said the staff knew where to apply the cream based on what they saw on her skin at the time they were applying the cream. She confirmed the record did not contain facility documentation regarding the condition and she was unable to provide additional documentation.

Class III

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

Based on review of the facility's staffing schedules and interviews, the facility failed to maintain a written work schedule that accurately reflected its 24-hour staffing pattern for a given time period.

Findings:

On at 9:54 a.m. a request was made of the administrator to provide a copy of the facility's staffing schedule. The administrator said since it was , she had to make the schedule.

On at 11:30 a.m. review of the schedule provided by the administrator revealed it was labeled as . When questioned, the administrator said "that is 's schedule." When she looked at it more closely, she confirmed it was for and she said "hold on, I'll go make ." In addition to not having a schedule made for , the schedule was not dated properly and reflected the wrong dates on the wrong days of the week.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observations, review of Florida health finder and interview, the facility failed to submit its emergency environmental control plan to the local emergency management agency for review within 30 days of the effective date of the rule, failed to acquire services or have a process necessary to maintain and test the alternate power source, failed to develop written policies and procedures for its plan, failed to acquire monoxide alarms and failed to, within five business days, notify in writing each resident and the resident's legal representative upon submission of its emergency environmental control plan to the local emergency management agency that the plan had been submitted for review and approval.

Findings:

Review of Florida health finder on at 12 p.m. revealed no indication the facility had an approved

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plan.

On at 12:25 p.m. the administrator provided the plan and said she submitted it to the local emergency management agency on but had not yet received an approval letter.

On at 12:45 p.m. observations made revealed a portable generator was stored in the garage along with five 5-gallon empty gas containers and there were no monoxide alarms installed. The administrator said in the event of an emergency, she or someone else would obtain the required fuel at a local gas pump.

A request was made to review the facility's policies and procedures that addressed how the facility would ensure it could effectively and immediately activate, operate and maintain its alternate power source and any fuel required for the operation of the alternate power source and how it would address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury. Additionally, a request was made to review the required written notification provided to each resident and the resident's legal representative within five business days of the facility submitting its plan for review and approval.

On at 1:15 p.m. the administrator said the facility did not acquire monoxide alarms, did not develop the required policies and procedures, did not develop a process or obtain services for testing the generator and did not provide written notification to the residents and legal representatives when the facility submitted its plan for review and approval.

Class III

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on personnel record reviews, review of the Agency's background screening website and interview, the facility failed to maintain the current results of a background screening in the personnel record for 1 of 2 staff (A) who was in a role that required a background screening.

Findings:

Caregiver A's personnel record revealed a hire date of . The record did not contain results of a background screening, as required.

On at 11:25 a.m. the administrator confirmed the findings.

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Review of the Agency's background screening website on . . . . . at 11:29 a.m. revealed caregiver A had an eligible background screening on .

On at 11:41 a.m. the administrator provided a copy of caregiver A's screening results however, the printed date on the top of the form was . . . . , the day of the visit.

Unclassified.