Agency for Health Care Administration

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11965996 | A. BUILDING: _____ B. WING _____ | 05/03/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TENDER LOVING CARE ALF | 3100 SW 79 AVENUE MIAMI, FL 33155 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| A 000 | Initial Comments<br><br>AMENDED:<br><br>A COVID-19 control monitoring was conducted at Tender Loving Care ALF on . A deficiency was identified at the time of the survey. | A 000 | | |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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|---|---|---|---|---|
| CZ900 | DEM Emerg Order 21-001 Visitation<br><br>To ensure the continued safety of individuals in care, every facility shall, at a minimum, maintain visitation and control policies in accordance with all state and federal laws and shall continue to monitor all Centers for Medicare and Medicaid Services and Centers for Control and Prevention guidance.<br><br>This Statute or Rule is not met as evidenced by: AMENDED<br><br>Based on record review and interview the facility failed to maintain control policies and procedures in accordance with all state regulations.<br><br>Findings Included:<br><br>Review of facility's records showed the facility did not have control policies and procedures available for review.<br><br>On at 11:25 AM, the facility owner stated, "I had the policies and procedures printed but forgot where I placed it."<br><br>Unclassified | CZ900 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE