

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11967279</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/14/2025</b>                                                                   |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LOVING ELDERLY CARE, INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>14998 SW 175 STREET<br/>MIAMI, FL 33187</b> |                                                                                                                          |
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| CZ830                                                               | <p>408.821 FS Emergency Management Planning</p> <p>408.821 Emergency management planning; emergency operations; inactive license.-</p> <p>(1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows:</p> <p>(a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan.</p> <p>(b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan.</p> <p>(c) Submit necessary plan revisions within 30 days after notification that plan revisions are required.</p> <p>(d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health.</p> <p>(2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.</p> <p>(3)(a) An inactive license may be issued to a licensee subject to this section when the provider</p> | CZ830                                                                                   |                                                                                                                          |

AHCA Form 3020-0001

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LOVING ELDERLY CARE, INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1498 SW 175 STREET<br/>MIAMI, FL 33187</b>                                   |                          |                                                        |
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| CZ830                                                               | <p>Continued From page 1</p> <p>is located in a geographic area in which a state of emergency was declared by the Governor if the provider:</p> <ol style="list-style-type: none"> <li>1. Suffered damage to its operation during the state of emergency.</li> <li>2. Is currently licensed.</li> <li>3. Does not have a provisional license.</li> <li>4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months.</li> </ol> <p>(b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes.</p> <p>(4) . . . Licensees providing residential or inpatient services must utilize an online database</p> | CZ830                                                                          |                                                                                                                          |                          |                                                        |

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| CZ830                                                               | <p>Continued From page 2</p> <p>approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to provide documentation of the submission of the CEMP (Comprehensive Emergency Management Plan) annually to the local emergency management agency for review and approval. The CEMP annual approval letter expired.</p> <p>Findings included:</p> <p>A review of facility records revealed that the CEMP annual approval letter was dated . . . . . Further review showed no documentation of the current CEMP annual approval letter.</p> <p>Interviewed on . . . . . at 7:30 AM the Owner stated that her consultant was working on the CEMP but she did not have documentation that it had been submitted. The Owner stated, "It is in process. I have a consultant that is doing it"</p> <p>Unclassified</p> | CZ830                                                                          |                                                                                                                          |                          |                                                        |

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| A 000                                                               | Initial Comments<br><br>A standard re-certification survey with generator monitoring component was conducted at Loving Elderly Care, Inc. on . Deficiencies were identified at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | A 000                                                                          |                                                                                                                          |                          |                                                        |
| A 030<br>SS=E                                                       | 59A-36.007(5) FAC; 429.28( ) FS 429.27<br>Resident Care - Rights & Facility Procedures<br><br>59A-36.007<br>(5) RESIDENT RIGHTS AND FACILITY PROCEDURES.<br>(a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C.<br>(b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint.<br>(c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. | A 030                                                                          |                                                                                                                          |                          |                                                        |

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| A 030                                                               | <p>Continued From page 1</p> <p>(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:</p> <ol style="list-style-type: none"> <li>1. Resident responsibilities;</li> <li>2. _____ and tobacco use;</li> <li>3. Medication storage;</li> <li>4. Resident elopement;</li> <li>5. Reporting resident _____, neglect, and _____.</li> <li>6. Administrative and housekeeping schedules and requirements;</li> <li>7. _____ control, sanitation, and standard precautions;</li> <li>8. The requirements for coordinating the delivery of services to residents by third party providers;</li> <li>9. Assistive devices; and</li> <li>10. Physical _____.</li> </ol> <p>(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.</p> <p>(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.</p> | A 030                                                                          |                                                                                                                          |                          |                                                        |

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| A 030                                                               | <p>Continued From page 2</p> <p>429.28 Resident bill of rights.-<br/>(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:<br/>(a) Live in a safe and decent living environment, free from _____ and neglect.<br/>(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.<br/>(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.<br/>(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.<br/>(e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community.<br/>(f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.</p> | A 030                                                                          |                                                                                                                          |                          |                                                        |

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| A 030                                                               | Continued From page 3<br><br>(g) Share a room with his or her spouse if both are residents of the facility.<br>(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.<br>(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.<br>(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making . . . for health care services, the provision of or arrangement of transportation to health care . . . , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.<br>(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally . . . , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free | A 030                                                                          |                                                                                                                          |                          |                                                        |

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| A 030                                                               | Continued From page 4<br><br>telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.<br>(1) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without _____, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.<br>(2) The administrator of a facility shall ensure that a written notice of the rights, _____, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder _____ Hotline operated by the Department of Children and Families, and, if applicable, _____, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to | A 030                                                                          |                                                                                                                          |                          |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LOVING ELDERLY CARE, INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>14998 SW 175 STREET<br/>MIAMI, FL 33187</b>                                  |                          |                                                        |
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| A 030                                                               | <p>Continued From page 5</p> <p>call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida.</p> <p>429.27 Property and personal affairs of residents.-</p> <p>(1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated or under state law, managing his or her own affairs.</p> <p>(b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to treat with consideration and recognize the individuality and the need for privacy of 2 out of 6 sampled residents (Residents 4 and Resident 5). There were facility supplies and medical equipment stored inside the resident's closet that was not for the use of the residents.</p> <p>Findings included:</p> <p>Observation on at 6:45 AM revealed</p> | A 030                                                                          |                                                                                                                          |                          |                                                        |

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| A 030                                                               | Continued From page 6<br><br>that there were 4 portable oxygen tanks, 2<br>oxygen concentrator machines and facility<br>supplies stored inside the closet of #<br>where Resident 4 and Resident 5 lived<br>(Photographic evidence obtained)<br><br>Interviewed on _____ at 6:47 AM Staff C<br>stated that the items in the closet were not for the<br>use of the residents in the room. She stated, "No,<br>they don't use those. We keep it here in case we<br>need it for other residents."<br><br>Interviewed on _____ at 1:00 PM the Owner<br>stated that she had removed the items from the<br>resident's closet.<br><br>Class III                                                                                                                                                                                                                      | A 030                                                                                   |                                                                                                                          |                                                        |
| A 152<br>SS=F                                                       | 59A-36.014(3) FAC Physical Plant - Safe Living<br>Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to<br>section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and,<br>3. Ensure that all existing architectural,<br>mechanical, electrical and structural systems,<br>and appurtenances are maintained in good<br>working order.<br>(b) Pursuant to section 429.27, F.S., residents<br>must be given the option of using their own<br>belongings as space permits. When the facility<br>supplies the furnishings, each resident bedroom<br>or sleeping area must have at least the following<br>furnishings:<br>1. A clean, comfortable bed with a mattress no<br>less than 36 inches wide and 72 inches long, with<br>the top surface of the mattress at a comfortable | A 152                                                                                   |                                                                                                                          |                                                        |

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| A 152                                                               | <p>Continued From page 7</p> <p>✓ to ensure easy access by the resident,</p> <p>2. A closet or wardrobe space for hanging clothes,</p> <p>3. A dresser, or other furniture designed for storage of clothing or personal effects,</p> <p>4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,</p> <p>5. A comfortable chair, if requested.</p> <p>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.</p> <p>(d) Residents who use portable bedside commodes must be provided with privacy during use.</p> <p>(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide a safe living environment, free of hazards to the residents. There were hazardous materials in common use areas accessible to the residents.</p> <p>Findings included:</p> <p>Observation on at 6:50 AM showed that there were discarded metal bed frames, mold-stained stools, wood pieces and metal fence parts in the patio area accessible to the residents (Photographic evidence obtained)</p> <p>Interviewed on at 10:05 AM the Owner stated that the patio was a resident use area. The Owner stated, "They like to go outside to the patio." Yes, they sit on the patio"</p> | A 152                                                                          |                                                                                                                          |                          |                                                        |

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| A 152                                                               | Continued From page 8<br><br>Observation on _____ at 10:20 AM showed<br>that Resident 4 was sitting on the patio.<br><br>A review of records revealed that Resident 1,<br>Resident 3 and Resident 4 were LMH (limited<br>mental health) residents.<br><br>Interviewed on _____ at 1:00 PM the Owner<br>stated that she would have all the hazardous<br>materials removed.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | A 152                                                                          |                                                                                                                          |                          |                                                        |
| A 160<br>SS=F                                                       | 59A-36.015(1) FAC Records - Facility<br><br>59A-36.015 Records.<br>The facility must maintain required records in a<br>manner that makes such records readily available<br>at the licensee's physical address for review by a<br>legally authorized entity. If records are maintained<br>in an electronic format, facility staff must be<br>readily available to access the data and produce<br>the requested information. For purposes of this<br>section, "readily available" means the ability to<br>immediately produce documents, records, or<br>other such data, either in electronic or paper<br>format, upon request.<br>(1) FACILITY RECORDS. Facility records must<br>include:<br>(a) The facility's license displayed in a<br>conspicuous and public place within the facility.<br>(b) An up-to-date admission and discharge log<br>listing the names of all residents and each<br>resident's:<br>1. Date of admission, the facility or place from<br>which the resident was admitted, and if<br>applicable, a notation indicating that the resident<br>was admitted with a _____; and,<br>2. Date of discharge, reason for discharge, and | A 160                                                                          |                                                                                                                          |                          |                                                        |

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| A 160                                                               | <p>Continued From page 9</p> <p>identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of</p> <p>(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).</p> <p>(d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff.</p> <p>(e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C.</p> <p>(f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C.</p> <p>(g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C.</p> <p>(h) If the facility advertises that it provides special care for persons with _____'s or _____ related _____, a copy of all such facility advertisements as required by Section 429.177, F.S.</p> <p>(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C.</p> <p>(j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food</p> | A 160                                                                          |                                                                                                                          |                          |                                                        |

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| A 160                                                               | <p>Continued From page 10</p> <p>services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate.</p> <p>(k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years.</p> <p>(l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years.</p> <p>(m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.</p> <p>(n) The facility's resident elopement response policies and procedures.</p> <p>(o) The facility's documented resident elopement response drills.</p> <p>(p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.;</p> <p>(q) The facility's prevention policies and procedures;</p> <p>(r) The facility's medication practices;</p> <p>(s) The facility's policy on physical ;</p> <p>(t) The facility's policy on assistive devices;</p> <p>(u) The facility's policy on third-party providers;</p> <p>(v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.;</p> <p>(w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain complete and accurate records. The admission and discharge log did not identify</p> | A 160                                                                          |                                                                                                                          |                          |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LOVING ELDERLY CARE, INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>14898 SW 175 STREET<br/>MIAMI, FL 33187</b> |                                                                                                                          |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG                                                                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| A 160                                                               | <p>Continued From page 11</p> <p>the location of residents that were discharged from the facility.</p> <p>Findings included:</p> <p>A review of the facility's admission and discharge log revealed that the facility or the address where residents were discharged to was not documented (Photographic evidence obtained)</p> <p>Interviewed on _____ at 1:00 PM the Owner stated that she would update the admission and discharge log with the information required.</p> <p>Class III</p> | A 160                                                                                   |                                                                                                                          |  |                                                        |