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
	AL11970176	A. BUILDING: _____ B. WING _____	R 05/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVE & TENDERNESS INC	3144 SW 21 ST MIAMI, FL 33145

(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 A revisit to a re-licensure survey was conducted at Love & Tenderness Inc. on . Deficiencies were identified at the time of survey.	{A 000}		
A 152 SS=E	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use.	A 152		

AHCA Form 3020-0001

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

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A 152	Continued From page 1 (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 . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that it maintained a safe living environment that was free of hazards for four out of six sampled residents (Residents #1, # 3, #4 and #5). Findings include: 1). An observation on at 8:37 AM revealed that there was a full pill organizer left on a bed in the staff room. Further observation revealed that the door to the staff room was left unlocked and open. During an interview on at 8:43 AM, Staff E (Caregiver) was asked who the medication in the pill organizer belonged to, she confirmed that it belonged to Staff C (Caregiver). 2). An observation on at 8:38 AM revealed that there was a [ ] brand bug spray and a [ ] brand scouring powder located inside the cabinets underneath the kitchen sink. Further observation revealed that the padlock installed on the cabinet doors was unlocked. During an interview on at approximately 8:38 AM, Staff C stated that the cabinet was unlocked to take the knives out. 3).	A 152		

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A 152	Continued From page 2 An observation on at 8:44 AM revealed that there were cleaning supplies, which included an all-purpose cleaner, beach, detergent pods and liquid detergent, located on top of the washer and dryer machine in the backyard. Further observation revealed that the door to the backyard was unlocked. During an interview on at approximately 8:57 AM, the Administrator stated that residents did not have access to that area and that they would have the staff correct it immediately. Class III	A 152		