STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967279	08/19/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Loving Elderly Care, Inc	14898 Sw 175 Street Miami, FL 33187	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures-08/19/2013

Revisit New Tags:
L241-Lmh - Records-58a-5.029(2) Fac

Specific Tag Findings:

0000-Initial Comments

A unannounced Follow up Survey to Complaint Investigation CCR#2013003096 was conducted on 19, 2013 at Loving Elderly Care, Inc. The previous deficiencies were corrected at the time of the visit. A new deficiency was found at the time of the follow up survey.

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview facility failed to have an up to date Agreement for Assisted Living Facility and Mental Health providers/Mental Health Assessment/annual Community Support Plan.

Findings Includes:

1. Record review revealed that resident #2's Agreement for Assisted Living Facility and Mental Health providers/Mental Health Assessment/a mmunity Support Plan was out dated. The plan was last dated . Resident #2 was admitted on .

2. Interviewed administrator on at 8:00 am, she confirmed the findings in regards tot he Agreement for resident #2 was d.

Class III

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Loving Elderly Care, Inc
14898 Sw 175 Street
Miami, FL 33187

CCR#2013003096 f/u

Dear Administrator:

This letter reports the findings of a revisit survey to a complaint conducted on , 2013by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2013.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

BBT7