STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910890	11/14/2013
NAME OF PROVIDER OR SUPPLIER **Care And Love Retirement Residence Llc**	STREET ADDRESS, CITY, STATE, ZIP CODE **642 East 21st Street Hialeah, FL 33013**	

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

List of Tags Cited:
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint investigation (CCR#2013015919) was made at Care and Love ALF on . The following deficiencies were identified:

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview the facility failed to ensure 1 of 5 (#4) facility staff were adequately trained.

Findings as follow:

Record review documented the facility failed to have staff #4 (hired on) trained in Reporting Major and Adverse Incidents, Providing Assistance with the Activities of Daily Living and the Facility's resident Elopement Response Policies and Procedures

On at about 12:00 noon the facility administrator stated staff #4 hired on had not received the required training's:

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to made a 24 hour report to AHCA reporting a facility's resident (#1) elopement.

Findings as follow:

Record review documented resident #1 admitted to facility on ; went out from facility to a nearest Supermarket on and never came back.

Record review documented on was made a report to Hialeah Police with Case # 13-37231 reporting resident #1 was missing.

Review of the incident report log documented the facility made the above mentioned report to the Hialeah Police (Case # 13-37231 dated) reporting resident #1 was missing.

Record review documented the facility had no proof of submitting the 24 hour report to AHCA regarding the elopement of resident #1.

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On at about 12:00 noon the facility administrator stated the facility failed to make the 24 hour incident report to AHCA about the missing resident #1. The facility administrator also stated as of resident #1 had not returned back to facility.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Care And Love Retirement Residence Llc
642 East 21st Street
Hialeah, FL 33013

Re: CCR #2013011959

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after 1/2/2014 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

E Castillejo
Arlene Mayo-Davis for
Field Office Manager

AMD:sy
Enclosure
XG90

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