| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11953636 | 01/29/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| A Loving Home Enterprises, Inc | 3640-42 Sw 91st Avenue Miami, FL 33165 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0074 - 58a-5.019(3)(b) - Staffing Standards - Personnel File (bgs) S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced Standard Biennial survey was conducted on . . . . . A Loving Home Enterprises, Inc. Assisted Living Facility Home had deficiencies found at the time of the visit.

**0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS**

Based on record review and interview the facility failed to obtain a written physician's order for use of a half bed rails for 1 out of 2 (Resident #1) sampled residents.

The findings include:

During the facility tour conducted on . . . . . at about 9:00 a.m. was observed that Resident #1's bed had ½ bed rails installed on both sides of the bed.

Resident's #1 record reviews conducted on . . . . . document that the physician ordered ½ bed rail on . . . . . .

Interview conducted with the facility caregiver on . . . . . at about 3:00 p.m. confirmed that the prescription order for ½ bed rails for Resident's #1 was dated . . . . . .

Class III

**0074-Staffing Standards - Personnel File (BGS) 58A-5.019(3)(b)**

Based on observation, record review and interview the facility failed to provide evidence of FDLE Level II background screening for 1 out of 4 sampled staff.

The findings include:

Facility visit on . . . . . at approximately 9:00 a.m. revealed that Staff A was the only staff in care of the residents. Staff A was observed interacting with facility residents and providing assistance with activities of daily living.

Personnel records review revealed Staff A, caregiver did not have proof of background screening compliance.

Interview with Staff A on . . . . . at approximately 9:30 a.m. revealed that she was hired on . . . . . and she did not have background screening results on her file.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

Class III

**0160-Records - Facility 58A-5.024(1) FAC**

Based on observation, record review and interview the facility failed to have proof of a satisfactory annual fire inspection, health inspection, and liability insurance policy as well as the facilitiy failed to maintain an up to date admission and discharge log.

The findings include:

During facility tour on [redacted] at about 9:30 a.m. the following documents were observed in the facility's bulletin board: a fire inspection dated [redacted] and liability insurance policy effective [redacted] There was no health inspection posted in the facility.

Further review revealed that the facility's admission and discharge log did not list Resident #3.

On [redacted] at about 2:30 p.m. the facility caregiver stated that the facility has a current fire inspection, sanitation inspection and liability insurance policy but the documents were not in the facility at the time of the survey. She confirmed that resident's #3 was not on the admission log.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
A Loving Home Enterprises, Inc
3640-42 Sw 91st Avenue
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 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 3/19/2014 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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121