STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966201	04/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Katia's Loving Home Inc	5130 Sw 96 Avenue Miami, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Abbreviated survey was conducted on , 2014. Katia's Loving Home Inc. had deficiencies at the time of survey.

L243-LMH - Training 58A-5.0191(8) FAC
Based on record review and interview the facility failed to ensure that 2 out of 4 (A and C) employee's received the 3 hours of Continuing Education Training in Limited Mental Health (LMH).

Findings include:

On , 2014 at 10:35am during a personnel record review, the facility failed to provide 2 hours of training in Limited Mental Health to staff A and C.

Staff A was hired / . There was no 3 hour LMH training in the personnel record.

Staff C was hired / . There was no 3 hour LMH training in the personnel record.

On , 2014 at 2:55 p.m. the administrator acknowledged the findings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2014

Administrator
Katia's Loving Home Inc
5130 SW 96th 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 , 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 at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

amd
Enclosure
XG90

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