

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11943150	(X3) DATE SURVEY COMPLETED 01/02/2015
NAME OF PROVIDER OR SUPPLIER Loving Care Center, The	STREET ADDRESS, CITY, STATE, ZIP CODE 9210 Sw 56th Street Miami, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . Loving care (The) had the following deficiency was identified at time of survey.

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview facility failed to have 2 out of 4 sampled employees are trained in Limited Mental Health

Findings includes:

Record review revealed that employees A (caretaker, started on) and B (caretakers started) did not have documentation of being trained in LMH.

Interview with the administrator/owner on at 4:00 pm, she confirmed the findings in regards to the 2 employees did not have their current trainings in the areas for LMH at the time of the survey, but stated that both are scheduled for the training of 8 hours on .

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Loving Care Center, The
9210 Sw 56th Street
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on 2015 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 _____ 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, RN
Field Office Manager

AMD:kb
Enclosure
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