

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/30/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966463	(X3) DATE SURVEY COMPLETED 03/17/2015
NAME OF PROVIDER OR SUPPLIER J C LOVING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 11260 SW 176 STREET MIAMI, FL 33157	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on [redacted] at JC Loving Care Corp. had the following deficiency found at time of the survey:

0082 - Training - [redacted] - 58A-5.0191(3) FAC

Based on record review and interview the facility failed to provide documentation of providing an education course on [redacted] and [redacted] for two out of three sampled employees (Staff A and B).

Findings included:

On [redacted] at 6:31 AM during record review revealed that Staff A(hired on [redacted]), and Staff B(hire on [redacted]) did not have the two hours training within 30 days.

On [redacted] at 1:00 PM during an interview with the administrator, she stated that, she was going to make sure that herself and Staff B will get the training as soon as possible.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
J C Loving Care
11260 Sw 176 Street
Miami, FL 33157

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

XG90

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



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