

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/26/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953636	(X3) DATE SURVEY COMPLETED R
NAME OF PROVIDER OR SUPPLIER A LOVING HOME ENTERPRISES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3640-42 SW 91ST AVENUE MIAMI, FL 33165	

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

0000 Initial Comments

A Standard Biennial Revisit Survey was conducted on 02/16/16. A Loving Home Enterprises, Inc. with Standard license had the following deficiency found at the time of the survey:

0160 Records - Facility

Based on record review and interview, the facility failed to have documentation of current Liability insurance, a Health, Fire Inspection, or an Emergency Management Plan.

Findings included:

On at 9:05 AM during the tour, observed that the Fire Inspection posted at the facility was dated / / and expired / / . The posted liability insurance certificate was dated / / and expired / / . The Emergency Management Plan and a current Health inspection were not posted.

On at 12:00 PM during the exit conference by telephone, the Administrator stated that she was going to make sure to have the documents updated.

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11953636	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT Y2 Y3
NAME OF FACILITY A LOVING HOME ENTERPRISES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3640-42 SW 91ST AVENUE MIAMI, FL 33165	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0008	Correction	ID Prefix A0055	Correction	ID Prefix A0077	Correction
Reg. # 429.26(4-6) FS; 58A-5.0181(2) FAC	Completed	Reg. # 58A-5.0185(6) FAC	Completed	Reg. # 429.176 FS; 58A-5.019(1) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0078	Correction	ID Prefix A0080	Correction	ID Prefix A0081	Correction
Reg. # 58A-5.019(2) FAC	Completed	Reg. # 429.52(1-2) FS; 58A-5.0191(1) FAC	Completed	Reg. # 58A-5.0191(2) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0082	Correction	ID Prefix A0083	Correction	ID Prefix A0084	Correction
Reg. # 58A-5.0191(3) FAC	Completed	Reg. # 58A-5.0191(4) FAC	Completed	Reg. # 58A-5.0191(5) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0085	Correction	ID Prefix A0090	Correction	ID Prefix A0093	Correction
Reg. # 58A-5.0191(6) FAC	Completed	Reg. # 58A-5.0191(11) FAC	Completed	Reg. # 58A-5.020(2) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0161	Correction	ID Prefix A0162	Correction	ID Prefix A0167	Correction
Reg. # 429.275(2) FS; 58A-5.024(2) FAC	Completed	Reg. # 58A-5.024(3) FAC	Completed	Reg. # 58A-5.025 FAC	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11953636	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/1/2018
NAME OF FACILITY A LOVING HOME ENTERPRISES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3640-42 SW 91ST AVENUE MIAMI, FL 33165	

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ITEM Y4		DATE Y5	ITEM Y4		DATE Y5	ITEM Y4		DATE Y5
ID Prefix	AZ815		Correction					
Reg. #	408.809, 435.02(2), 435.06		Completed		ID Prefix	AZ824		Correction
LSC					Reg. #	408.811 FS, 59A-35.120 FAC		Completed
					LSC			

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/5/2015		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

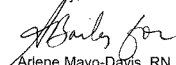
This letter reports the findings of a revisit survey conducted on , 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,


Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

BBT7

