STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953636	R

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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Standard Biennial Revisit Survey was conducted on 04/07/16. A Loving Home Enterprises, Inc. with Standard license had the following deficiencies found at the time of the survey:

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide a safe and clean living environment to facility residents.
Findings included:
On at 10:15 AM during at facility tour, observed that the hallway wall leading to the resident had a large black mark. Furthermore, #1 and #2 were vey disorganized, with residents clothes strewn aroumd the . The a strong foul odor of .
On at 10:15 AM during at facility tour, observed a bed in the middle of the # .
During phone interview on at 10:50 Staff A- (administrator/owner) acknowledged that facility needs to be clean and free of foul odor.
Class III

0160 Records - Facility

Based on record review and interview, the facility failed to have documentation of current Health Department Inspection report.
Findings included:
On at 10:15 AM during the tour, observed that the Health inspection was not posted.
During an interview on at 10:45 AM, Staff B (caregiver) stated "I don't know where the document is. I will contact the facility administrator."
During a phone interview on at 10:50 AM, Staff A (owner) stated" I did have the health department inspection posted but must be taken from the facility bulletin board. I will fax the health department inspection report to the office." No documentation was received.

Class III

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 **second** State Licensure Revisit Survey conducted on
7, 2016 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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(s). Should you have any questions please call Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

YOSF

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