STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967279	05/03/2016
NAME OF PROVIDER OR SUPPLIER **LOVING ELDERLY CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14898 SW 175 STREET** **MIAMI, FL 33187**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on . Loving Elderly Care Inc. (license #11364) with Limited Mental Health component has the following deficiencies found:

0081 Training - Staff In-Service

Based on observation, record review and interview, the facility failed to have 1 of 3 (Staff C) trained in assisting residents with the activities of daily living (ADLs).

Findings as follow:

On at 8:55 a.m. Staff C was observed assisting residents, organizing and cleaning the facility.

A review of the personnel record showed that there was no documentation of the ADLs training for Staff C, hired on .

On at 11:45 a.m. the Administrator stated Staff C received the ADLs training, but that proof of it was misplaced.

Class III

0160 Records - Facility

Based on record review and interview the facility failed to perform at least 2 elopement drills per year.

Findings as follow:

Record review showed the facility failed to have documentation of elopement drills.

On at 11:50 a.m. the Administrator acknowledged the facility failed to have the elopement drills documented.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Loving Elderly Care, Inc
14898 Sw 175 Street
Miami, FL 33187

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 Sup at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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