STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965974	**02/01/2017**
NAME OF PROVIDER OR SUPPLIER **HOME LOVING CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4321 SW 133 AVENUE** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on //17. Home Loving Care inc. with a Limited Mental Health license #10236 had the following deficiency found at the time of the survey:

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the facility failed to appoint a Manager when the administrator was operating two assisted living facilities.

Findings included:

Record review revealed that the Facility had not appointed a Manager for this facility.

On at 12:30 PM, the caregivers were informed of the deficiency and they stated that they were going to inform to the Administrator to have it fixed as soon as possible.

Class III