

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910890	(X3) DATE SURVEY COMPLETED R 02/15/2017
NAME OF PROVIDER OR SUPPLIER CARE AND LOVE RETIREMENT RESIDENCE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 642 EAST 21ST STREET HIALEAH, FL 33013	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint (CCR#2016009781) 2nd Revisit Survey was conducted on , 15, 2017. Care and Love Retirement Residence (License #4223) had the following deficiencies identified at time of the survey: 0081 - Training - Staff In-Service - 58A-5.0191(2) FAC Based on record review and interviews, the facility failed to provide documentation ensuring that one out of eleven sampled (Staff H) who provided direct care to residents received the required in-service training within 30 days of employment. Findings included: A review of the personnel file for Staff H (hired) showed that the employee had no documentation of elopement training. Interviewed on at 12:30 PM, the Administrator verified after review of the file that she did not have the trainings. Class III		