STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968818	R **03/27/2017**
NAME OF PROVIDER OR SUPPLIER **LIVING CARE FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **10355 SW 38 TERR** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on 27, 2017. Living Care Facility Inc. (License # 12671) had a deficiency at the time of the survey:

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to send the one day and the 15 days incident report to AHCA for a resident that at the facility and had injuries (Resident # 1).

Findings included:

A review of Resident # 1's observation log revealed that she had a on and sustained injuries.

A review of the incident report file revealed that there was no incident report written for Resident #1.

On the Administrator stated at 10:00 am that she registered last week to be able to access the Agency for Health Care Administration's (AHCA) incident reporting portal, but that she did not know that she had to send the incident report. She was waiting for AHCA to send the password for her to be able to access the site and that as soon as she gets the password she will send the reports.

Uncorrected Class III