

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911030	(X3) DATE SURVEY COMPLETED R 05/04/2017
NAME OF PROVIDER OR SUPPLIER LUCILLE'S LOVING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 17820 NW 22ND AVENUE MIAMI, FL 33056	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Survey Revisit was conducted on May, 4, 2017. Lucille's Loving Care (License # 3952) with Limited Mental Health component had a deficiency at the time of the survey: 0160 - Records - Facility - 58A-5.024(1) FAC Based on record review and interview, the facility failed to perform at least two elopement drills per year. Findings included: Record review showed that there was no documentation of elopement drills. On at 11:45 am the Administrator stated, "We just went over the elopement policies and procedures. I did not know that I needed to have an actual drill. I have been open for 27 years and nobody ever asked me for that before." Uncorrected Class III		