STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953636	R **06/28/2017**
NAME OF PROVIDER OR SUPPLIER **A LOVING HOME ENTERPRISES, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3640-42 SW 91ST AVENUE MIAMI, FL 33165**	

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

0000 - Initial Comments

A complaint inspection revisit was conducted on (CCR2017000768). A Loving Home Enterprises, (AL8675) with standard license, had the following deficiency identified at the time of the survey:

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on observation, record review and interview the facility failed to have at least 1 staff person present at all times who had documentation of current, valid and First Aid training.

Findings as follow:

On at 11:00a.m. Staff C was observed in facility, alone, with 5 residents. Staff was observed assisting residents with the activities of daily living.

Record review showed the facility had no documentation of the training for Staff B.

On at 1:20 p.m. the administrator stated by telephone that Staff B received the training, but the documentation was misplaced.

Class III