

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/23/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910890	(X3) DATE SURVEY COMPLETED 07/31/2017
NAME OF PROVIDER OR SUPPLIER CARE AND LOVE RETIREMENT HOME, 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 Survey (CCR#2017005622 and #2017005182) were conducted on _____, Care and Love Retirement Home, LLC with Limited Mental Health component, License #4223 had the following deficiency found at the time of the survey:

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on interview and observation the facility failed to provide food based on habits and preferences. The facility failed to serve meals that no more than 14 hours elapse between the end of an evening meal containing a protein and the beginning of a morning meal.

Findings Included:

On _____ at 8:32 AM Resident #3 stated, "They give snacks to us every now and then not very often and when they give us, they give us snacks only at night."

On _____ at 9:05 AM during interview with Resident #7 stated, "We get snacks only every now and then, only before we go to bed."

On _____ at 10:08 AM Resident #14 stated, "Sometimes we get some snacks at night before we go to bed, but that is not every day."

On _____ at 10:15 AM Resident #15 stated, "Sometimes I get some snacks at 8:00 PM, but not every day."

On _____ at 10:23 AM Resident #16 stated, "They give me some snacks at night only, every now and then."

On _____ at 11:30 AM Resident #18 stated, "I get my snacks most of the time before I go to bed and during the day they give me some coffee."

On _____ from 7:15 AM to 1:00 PM was observed that the residents were not offered any kind of snacks during the morning, some residents were sitting in the living _____, others in their _____ others on the patio. Even though the meals/snacks menu was posted on the wall and it stated that snacks were supposed to be offered at 10:00 AM.

On _____ at 1:00 PM the Assistant Administrator, she stated that they usually gave snacks to the

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/23/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910890	(X3) DATE SURVEY COMPLETED 07/31/2017
NAME OF PROVIDER OR SUPPLIER CARE AND LOVE RETIREMENT HOME, 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)		
residents every day, and she did not know why they did not give snacksthat day. Class III		