STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968136	R **08/29/2017**
NAME OF PROVIDER OR SUPPLIER **LOVE OF HOPE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2911 NW 174TH STREET** **MIAMI GARDENS, FL 33056**	

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

0000 - Initial Comments

A Standard Re-visit survey conducted on . Love of Hope ALF Inc with Limited Nursing Services Component had a deficiency found at the time of the survey. (License # 12071)

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observations, record review, and interview the facility failed to provide documentation of a current Emergency Management Plan.

Findings included:

On at 9:20 AM, observed that the Emergency Management Plan was expired as of and was posted on the bulletin board where all the other licenses and permits were posted.

On at 10:01 AM, the Administrator stated that she just submitted the application a few weeks ago. She called the office where she said she had submitted the plan, and put them on speaker phone as they told her that it would take between 30 to 60 days to review it.

Class III