STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932431	**09/28/2017**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **76 BRUEN STREET** **SAINT , FL 32095**	

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

0000 - Initial Comments

An unannounced biennial relicensure survey was conducted on at Loving Care ALF (Lic #8149). The facility had deficient practice at the time of the survey.

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on interview and record review, the facility failed to provide direct care staff with elopement drills twice a year according to 429.41 (2).

The findings include:

On at 10:00 AM, Employee A was asked about the facility's policy and procedures for elopement. She responded that she did not know.

In a follow up interview on at 11:23 AM, the Administrator was asked for the facility elopement drills. She stated she did not have documentation of elopement drills being conducted with direct care staff, and confirmed they did not meet the requirements of the regulation.

Class III