STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966201	**02/22/2018**
NAME OF PROVIDER OR SUPPLIER **KATIA'S LOVING HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5130 SW 96 AVENUE** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . . . . Katia's Loving Home Inc (License # 10462) had deficiencies identified at time of the survey:

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review, and interview, the facility failed to obtain an updated health assessment which accurately reflected the resident's health condition for two out of six sampled residents (Resident #1). The facility failed to obtain a complete health assessment for one out of six (Resident #3) sampled residents.

Findings included:

Observation on . . . . at 9:30 AM showed Resident #1 ate regular food at lunch.

Review of Resident #1's record showed that the last health assessment completed on . the physician ordered puree diet and documented the resident had a . pressure in the sacrum in healing process.

Review of Resident #3's record showed that the last health assessment completed on . . . . there was no documentation of the type of assistance with medication.

Hospice record review showed Resident #3 received medication administration.

Interview conducted on at 2:00 PM, Administrator stated that Resident's #1 health assessment was done at the hospital. She denied that Resident #1 had a pressure . . . . She stated she would contact Resident #1 and 3 physicians to correct their health assessments.

Class III