STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967279	**03/21/2018**
NAME OF PROVIDER OR SUPPLIER **LOVING ELDERLY CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14898 SW 175 STREET** **MIAMI, FL 33187**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . . . . Loving Elderly Care Inc. (License # 11364) with Limited Mental Health component had the following deficiency identified at the time of the survey:

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

Based on record review and interview, the facility failed to have an accurate health assessment done by a healthcare provider documenting the type of assistance one out two sampled residents needed managing medications (Resident #2).

Findings included:

A review of Resident #2's health assessment dated documented the resident needed medication administration.

A review of Resident's #2's Hospice plan of care documented medications were to be assisted by facility staff.

On at 2:10 PM Staff A stated "The doctor must have made a mistake, because we assist the resident with her medication."

Class III