STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965974	R **01/09/2019**
NAME OF PROVIDER OR SUPPLIER **HOME LOVING CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4321 SW 133 AVENUE** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A Standard Biennial Survey revisit was conducted on . . . . . . Home Loving Care Inc. had a deficiency identified at the time of the survey:

0077 - Staffing Standards - Administrators - 429.176 FS; 429.52( ),58A-5.019(1) FAC

Based on record review and interview, the Administrator, who supervised more than one Assisted Living Facility, failed to appoint in writing a separate manager for each site.

Findings included:

Review of the Florida Health Finder database revealed the Administrator operated another assisted living facility.

On at 11:59 AM the owner stated that she believed the facility did not need a manager because the other facility the Administrator manages was only 2 miles away and, it had a manager.

Uncorrected
Class III

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