STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966938	R **05/23/2019**
NAME OF PROVIDER OR SUPPLIER **BETSY'S LOVING HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **309 SW 68TH AVENUE** **PEMBROKE PINES, FL 33023**	

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

0000 - Initial Comments

An unannounced revisit inspection to complaint number 2019003504 was conducted at Betsy's Loving Home, Inc, on . Deficiencies previously cited were corrected, a new deficiency was identified at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to ensure that 1 out of 2 residents (Resident #3) had a -to- medical examination by a physician within the last 3 years of his last medical examination.

The findings are:

Review of Resident #3's health assessment dated on indicated that the resident was diagnosed with an , and .

In an interview with the Administrator on at 11:30am, she stated that Resident #3's health assessment dated on was his most recent medical examination on record and that the facility did not arrange for this resident to receive a more recent and complete health assessment.

Class III