Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969816	A. BUILDING: _____ B. WING _____	02/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A LOVING FAMILY ALF LLC	106 16TH AVE VERO BEACH, FL 32962

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannouced Relicensure and Generator Monitoring survey was conducted at A Loving Family ALF LLC on . The provider had deficiencies related to the Relicensure at the time of the visit.	A 000		
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure 2 of 2 sampled employees (Staff A and Staff C), who are left alone with residents to provide direct care assistance, had completed a course in First Aid and currently holds a valid card documenting	A 083		

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A 083	Continued From page 1 completion of such a course. The findings included: Staff A is a direct care staff member whose hire date is . Per Administrator confirmation, Staff A is scheduled to provide care to residents on her scheduled workdays from 7 AM to 3 PM. During this shift, there would be times Staff A would be working without any other direct care staff available. A review of Staff A's employment record found no First Aid Certification verifying the completion of a course in First Aid. Staff C is a direct care staff member whose hire date is . Per Administrator confirmation, Staff B provides direct care to residents overnight from 7 PM to 7 AM. During this shift, Staff C is working without any other direct care staff A review of Staff C's employment record found no First Aid Certification verifying completion of a course in First Aid. On at approximately 1:30 PM, the Administrator was notified of the missing First Aid certification for Staff A and Staff C. She was notified that State Regulation requires there must always be a staff member certified in First Aid in the facility at all times. She was given the opportunity to locate the missing documentation. At the time of this report, the Administrator was not able to provide the missing First Aide certificates for either of these employees (Staff A or Staff C). Class III	A 083		