

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968427	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER A LA MY LOVE ALF			STREET ADDRESS, CITY, STATE, ZIP CODE 6821 DOVER CT TAMPA, FL 33634	
(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 Assisted Living Facility An initial state licensure survey was conducted on A La My Love Assisted Living Facility had deficiencies found at the time of the visit.	A 000		
A 121	58A-5.021(2) FAC Fiscal - Accounting Procedures (2) ACCOUNTING PROCEDURES. The facility shall maintain written business records using generally accepted accounting principles as defined in Rule 61H1-20.007, F.A.C., which accurately reflect the facility's assets and liabilities and income and expenses. Income from residents shall be identified by resident name in supporting documents, and income and expenses from other sources, such as from day care or interest on facility funds, shall be separately identified. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility did not maintain any written business records reflecting the facility's assets, liabilities, income and expenses that were available to the agency. Findings include: At approximately 11:30am on _____, the facility's financial records, including its prospective profit and loss statements, were requested but never furnished. In an interview with the administrator at this time, she indicated that these documents were not immediately available for inspection.	A 121		

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0090

O24R11

If continuation sheet 1 of 2

Agency for Health Care Administration

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A 121	Continued From page 1	A 121		
	Class IV			
A 127	58A-5.021(8) FAC Fiscal - Liability Insurance (8) LIABILITY INSURANCE. Pursuant to Section 429.275, F.S., facilities shall maintain liability insurance coverage, as defined in Section 624.605, F.S., in force at all times. On the renewal date of the facility's policy or whenever a facility changes policies, the facility shall file documentation of continued coverage with the AHCA central office. Such documentation shall be issued by the insurance company and shall include the name of the facility, the street address of the facility, that it is an assisted living facility, its licensed capacity, and the dates of coverage. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility did not maintain a copy of it liability insurance coverage available for agency inspection. Findings include: A review of administrative documentation found no copy of the facility's current liability insurance. Interview with the administrator at approximately 11am on 2/26 to a posted "certificate of shares of stock." Further interview revealed that this insurance certificate was unavailable for inspection. Class III	A 127		



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
A La My Love ALF
6821 Dover Ct
Tampa, FL 33634

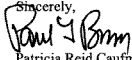
Dear Administrator:

This letter reports the findings of an initial state licensure survey that was conducted on , 2013, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

For Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

