AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Faith Loving Care
7969 Pinehurst Drive
Spring Hill, FL 34606

Dear Administrator:

This letter reports the findings of an initial Limited Nursing Services licensure survey that was conducted on 2013 by representative(s) of this office.

Enclosed 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 after 2013 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Stephen Burgin for,

Kristc J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

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Tallahassee, FL 32308
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14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
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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
	AL11967453	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAITH LOVING CARE	7969 PINEHURST DRIVE SPRING HILL, FL 34606

(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 On : an unannounced Assisted Living Facility (ALF) Limited Nursing Service (LNS) Initial Licensure Survey was conducted at Faith Loving Care ALF, the facility was found to not be in compliance with Chapter 429, Part I, Florida Statutes and 58A-5, Florida Administrative Code.	A 000		
AN277 SS=D	58A-5.031(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing license must meet the admission and continued residency criteria specified in Rule 58A-5.0181, F.A.C. (b) In accordance with Rule 58A-5.019, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care provider ' s order, a copy of which shall be maintained in the resident ' s file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who shall be available to provide such services as needed by residents. The facility shall maintain documentation of the qualifications of nurses providing limited nursing services in the facility ' s personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community.	AN277		

Agency for Health Care Administration

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AN277	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on interviews, observations and record reviews the facility did not have policy and procedures for Limited Nursing Services and also did not have a nurse on staff or a nurse on contract. Findings: On at 12:00 PM an interview with the assistant administrator in training was conducted. He was asked what is you understanding of a LNS license? He stated we can take patients with nursing needs and through an outside source they can take care of them. He then stated; " We need to know what we can and can ' t do and if we can provide services in the interim in between when the nurse/HHC provides services. We would have to communicate with specific providers to ensure we are meeting the resident ' s needs. " We need to know that care, draws, and anything that would require skilled services out of what we provide. " The assistant administrator Jason stated he would be ready for LNS resident, but did not specify about separate accounting necessary for LNS residents. He stated " we would read the regulations and make sure we are doing it. " The interview with the assistant administrator in training revealed that the facility does not currently have any policy and procedures in place to receive a patient that would qualify for limited nursing services. Currently the facility does not have a nurse on staff and also does not have a contract with a nurse. Class III	AN277		