

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967289	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER AJR LOVING CARE ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 5900 DEAN ROAD OVIEDO, FL 32765		
(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 attempted Assisted Living Facility Limited Nursing Services monitoring visit. There was a deficiency found at the time of the visit.		A 000		
A 164	58A-5.024(4) FAC Records - Inspection Availability (4) RECORD INSPECTION. (a) All records required by this rule chapter shall be available for inspection at all times by staff of the agency, the department, the district long-term care ombudsman council, and the advocacy center for persons with (b) The resident ' s records shall be available to the resident, and the resident ' s legal representative, designee, surrogate, guardian, or attorney in fact, case manager, or the resident ' s estate, and such additional parties as authorized in writing. (c) Pursuant to Section 429.35, F.S., agency reports which pertain to any agency survey, inspection, monitoring visit, or complaint investigation shall be available to the residents and the public. 1. Requestors shall be required to provide identification prior to review of records. 2. In facilities that are co located with a licensed nursing home, the inspection of record for all common areas shall be the nursing home inspection report. (d) The facility shall ensure the availability of records for inspection. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to have employee files available for		A 164		

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

0059

D6TR11

If continuation sheet 1 of 2

Agency for Health Care Administration

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A 164	Continued From page 1 inspection at all times by the agency for the Limited Nursing Service (LNS) monitoring visit. Findings: Entrance on at approximately 2:30 PM with the caregiver, who stated there were no residents receiving LNS. The employee files were requested on at approximately 2:35 PM and there was no documentation presented to review to ensure the employees had the required documentation in their files. The caregiver stated on at approximately 2:35 PM that she did not have access to the employee files. Phone interview with the administrator on at approximately 2:45 PM who stated she was seeing patients and would not be able to be at the facility until 5 PM. She also stated the facility manager was out with a client from their other ALF, and was not available to provide the employee files at that time. A phone message was left with the administrator on at approximately 3:10 PM that stated the facility would be cited for employee files that were not available to the agency at all times, and a follow up would be conducted. The surveyor's phone number left for administrator to return the call, and the call was not returned. Class III	A 164			



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Ajr Loving Care Assisted Living
5900 Dean Road
Oviedo, FL 32765

Dear Administrator:

Re: CCR #LNS monitoring

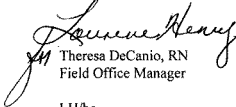
This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office.

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 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 Lorraine Henry at .

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

