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
	AL11966505	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA PALOMA ALF	880 EAST BAFFIN VENICE, FL 34293

(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 These are the results of the Biennial survey conducted on at La Paloma an Assisted Living Facility (ALF). The following is a description of non-compliance:	A 000		
A 030	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of the Florida Hotline " 1(800)96 or 1(800)962-2873 " shall be posted in full view in a	A 030		

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common area accessible to all residents.
(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s [illegible] and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical [illegible] shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use

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and can remove or avoid without assistance shall not be considered a physical

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as

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provided in s. 429.27.
(g) Share a . . . . . his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally incapacitated, . . . guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without restraint, , coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be

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active in, and to associate with advocacy or special interest groups.

This Statute or Rule is not met as evidenced by:
Based on observation and interview, the facility failed to ensure each resident's right to a safe environment for 5 (Residents #1, #2, #3, #4, and #5) of 5 current residents; failure to recognize the need for privacy for Resident #5 and access to appropriate healthcare within community standards for 3 (Residents #1, #3 and #4) of 5 residents.

The findings include:

1. A tour of the facility was conducted on at 8:30 a.m. A broken faucet knob with exposed sharp edges was observed in the pink . The front of the sink vanity had two doors. The right door was missing a knob and a sharp screw was exposed which could cause harm to residents. The pink utilized by Residents #1 and #3.

In the blue , the right front door of the vanity was missing a knob also exposing a sharp screw which could cause harm to residents. The blue utilized by Residents #2, #4 and #5.

An interview with the administrator during the tour revealed an understanding, the faucet and the missing knobs must be replaced.

2. The 12:00 p.m., medication pass was observed on . Staff B/Owner completed a med pass with Residents #3 and #1. Staff B

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reviewed his Medication Observation Record (MOR) and removed appropriate medications from container into his ungloved hand, no hand washing was observed, before placing medications in medication cup for Resident #3. He stated to the resident what the medication was and its action. He observed the resident swallowing the medication. He placed Resident #3's meds back in the appropriate container. He then proceeded to give Resident #1's medication without washing his hands between residents. He put the medication into his unwashed and ungloved hand before placing it into the medication cup.

4. Resident #1 was ordered [redacted] 600 mg. one tab twice a day at lunch and dinner. The order was dated [redacted]. The bottle was observed to be [redacted] with Vit D 600mg with the label stating [redacted] 600mg.

Resident #1 received [redacted] with Vit D 600mg from [redacted] (date filled) until [redacted] when identified by the surveyor. At 12:15 p.m., the Owner and the Administrator, a Registered Nurse (RN), were asked about the medication error. At 12:30 p.m. the Pharmacy was notified of the error, asked to fax over the order from the physician, but could not provide an explanation of how this medication exchange occurred. The pharmacy stated they would send the correct medication on

A review of the fax from the pharmacy verified the physician had ordered [redacted] 600 mg. Tab twice a day at lunch and dinner.

5. A tour on [redacted] of Resident #4 and #5's shared [redacted], [redacted] a bedside commode between both beds to allow Resident #5 to use it

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A 030	Continued From page 6 during the night. There was no privacy curtain or partition observed to prevent Resident #4 from observing Resident #5 when using the commode. Resident #5 was present during the tour and was asked about the commode. She stated her [redacted] sleeps through the night and uses an eye cover and does not see her use the commode. The Administrator explained Resident #5 watches TV late into the night and Resident #5's family bought a sleep mask for Resident #4 to use. At 2:40 p.m. on [redacted], an interview was held with the Administrator to discuss the privacy issue of Residents #4 and #5 related to the commode. It was agreed privacy was needed when Resident #5 was using the commode. Class III	A 030		
A 055	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their [redacted] or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the [redacted] or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if:	A 055		

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1. The facility administers the medication;
2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request;
3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;
4. The resident fails to maintain the medication in a safe manner as described in this paragraph;
5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or
6. The facility ' s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.

(b) Centrally stored medications must be:
1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and
4. Kept separately from the medications of other residents and properly closed or sealed.

(c) Medication which has been discontinued but which has not expired shall be returned to the

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resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider.
(d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e).
(e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.
(f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observation and interview, the facility failed to ensure all medications, whether currently in use or discontinued, when centrally stored were secured. Further the facility failed to properly dispose of abandoned medications timely.

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A 055	Continued From page 9 The findings include: 1. On [redacted], a tour of the facility was conducted at 8:30 a.m. An observation of the kitchen cabinets revealed unsecured medications on the top shelf of one cabinet belonging to a discharged resident and other medications belonging to Resident #4. Two bottles of [redacted] (anti-diarrheic) and 3 bottles of [redacted] (a sleep hormone) labeled by the manufacturer and with a hand written name of Resident #4 were observed. Three boxes of Saphris 5 mg [redacted] tablets (antipychotic used for the treatment of [redacted] 20 count per box along with [redacted] antispasmodic) [redacted] patches with 6 patches for a discharged resident were observed. 2. An interview at this time with the owner/Staff B revealed he was aware the medications were in the unsecured cabinet, but did not feel they were a risk to the residents. He also stated he was unsure how to dispose of the medications. He further stated the discharged resident to whom some of them belonged left the facility 2-3 years ago and Resident #4 was not taking the unsecured medications any longer. Class III	A 055		
A 081	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:	A 081		

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(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement.
(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Reporting major incidents.
2. Reporting adverse incidents.
3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Resident rights in an assisted living facility.
2. Recognizing and reporting resident neglect, and
(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:
1. Resident behavior and needs.
2. Providing assistance with the activities of daily living.
(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must

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receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.
(f) All facility staff shall receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment.
1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures.
2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure all direct care staff are trained in a minimum of 1 hour in-service training in [redacted] control, including universal precautions and facility sanitation procedures before providing personal care to residents for 1 (Staff C) of 3 staff reviewed.

The findings include:

1. Record review on [redacted] of the personnel record for Staff C revealed Staff C was hired on [redacted] as the live-in night staff person at the facility. Further review found no evidence of training in [redacted] control as required above.

2. During an interview on [redacted] at 1:59 p.m., Staff C verified she is working as the night live-in care giver and has been helping residents with their needs at night. She stated she hears them and gets up to check on them and help them.

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A 081	Continued From page 12 When asked specifically if she assists them with toileting she stated yes, she had been. 3. During an interview with the Administrator on at 1:01 p.m., the Administrator verified the control training was lacking for Staff C. Class III	A 081		
A 091	58A-5.0191(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility ' s personnel files. The documentation must include the following: 1. The title of the training program; 2. The subject matter of the training program; 3. The training program agenda; 4. The number of hours of the training program; 5. The trainee ' s name, dates of participation, and location of the training program; 6. The training provider ' s name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory	A 091		

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requirements.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure that training certificates were issued only upon successful completion of each training for 1 (Staff C) of 3 current staff reviewed and potentially the other 2 current staff (Staff A and Staff B).

The findings include:

1. Record review on . of the personnel record for Staff C revealed Staff C was hired on . . . as the live-in night staff person at the facility. Further review found evidence of training in Activity of Daily Living (ADL) and behavioral needs (3 hours on ; Medication (4 hours on (4 hours on ; Nutrition and food handling (1 hour on ; Elopement response (1 hour on ; Emergency, evacuation and incident reporting (1 hour on ; and Resident Rights and neglect (1 hour on . This totals 15 hours plus the facility had additional training documentation on Skin care, documentation, and other topics on . . . for an additional 5 hours totaling 20 hours of education on . . . for Staff C.

2. During an interview on at 1:59 p.m. Staff C verified she is working as the night live-in care giver and has been helping residents with their needs at night. She stated she hears them and gets up to check on them and help them. When asked specifically if she assists them with toileting she stated yes, she had been.

3. During an interview with the Administrator,

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966505	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA PALOMA ALF	880 EAST BAFFIN VENICE, FL 34293

(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 091	Continued From page 14	A 091		

who is a Registered Nurse (RN), on at 1:01 p.m., the Administrator verified the training documentation was all dated She stated she give each person written materials to study then goes over all the information and this takes two days. The person also tests on each component. She stated she could not remember what date she had done which training so documented them all as She then produced a book with the testing results and information given on each subject. The tests for Staff C were dated either or When asked if she had taught the 4 hour medication course and watched Staff C demonstrate proficiency for each medication type, she stated no I was planning on doing that this Thursday. The Administrator provided certification of training before the course or testing was successfully completed if completed at all.

4. A review of Staff A's personnel record revealed she had been hired on She had 13 hours of training documented on

5. A review of Staff B's (the Owner) personnel record revealed he has worked since He had a total of 15 hours of training documented on

Class III

A 152	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other	A 152		

(3) OTHER REQUIREMENTS.
(a) All facilities must:
1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and
2. Must be maintained free of hazards; and

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A 152	Continued From page 15 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure a safe living environment for all 5 residents and privacy for usage of portable	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 152	Continued From page 16	A 152		

bedside commodes for 1 (Resident #5) of 5 residents.

The findings include:

1. A tour of the facility was conducted on [redacted] at 8:30 a.m. A broken faucet knob with exposed sharp edges was observed in the pink [redacted]. The front of the sink vanity had two doors. The right door was missing a knob and a sharp screw was exposed which could cause harm to residents. The pink [redacted] utilized by Residents #1 and #3.

In the blue [redacted], the right front door of the vanity was missing a knob also exposing a sharp screw which could cause harm to residents. The blue [redacted] utilized by Residents #2, #4 and #5.

An interview with the administrator during the tour revealed an understanding, the faucet and the missing knobs must be replaced.

2. A tour of Residents #4 and #5's shared [redacted] revealed a bedside commode between both beds to allow Resident #5 to use during the night. There is no privacy curtain or partition to prevent Resident #4 from observing Resident #5 when using the commode.

Resident #5 was present during the tour and was asked about the commode. She stated her [redacted] sleeps through the night and uses an eye cover and does not see her use the commode. The Administrator explained Resident #5 watches TV late into the night and Resident #5's family bought a sleep mask for Resident #4 to use.

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A 152	Continued From page 17 At 2:40 p.m. on [redacted] an interview was held with the administrator to discuss privacy issues with Residents #4 and #5 related to the commode. It was agreed privacy was needed when Resident #5 was using the commode. Class III	A 152		
A 163	429.49 FS Records - Resident, Penalties for Alteration Resident records; penalties for alteration.- (1) Any person who fraudulently alters, defaces, or falsifies any medical or other record of an assisted living facility, or causes or procures any such offense to be committed, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. (2) A conviction under subsection (1) is also grounds for restriction, suspension, or termination of license privileges. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that training certificates were issued only upon successful completion of each training for 1 (Staff C) of 3 current staff reviewed and potentially the other 2 current staff (Staff A and B). Further the certificate of learning for Staff B from the registered dietitian appears to be altered. The findings include: 1. Record review on 5/14 [redacted] the personnel record for Staff C revealed Staff C was hired on [redacted] the live-in night staff person at the facility. Further review found evidence of training	A 163		

Agency for Health Care Administration

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A 163	Continued From page 18	A 163		

in Activity of Daily Living (ADL) and behavioral needs (3 hours on ; Medication (4 hours on (4 hours on Nutrition and food handling (1 hour on ; Elopement response (1 hour on ; Emergency, evacuation and incident reporting (1 hour on and Resident Rights and neglect (1 hour on This totals 15 hours plus the facility had additional training documentation on Skin care, documentation, and other topics on for an additional 5 hours totaling 20 hours of education on for Staff C.

2. During an interview on at 1:59 p.m., Staff C verified she is working as the night live-in care giver and has been helping residents with their needs at night. She stated she hears them and gets up to check on them and help them. When asked specifically if she assists them with toileting she stated yes, she had been.

3. During an interview with the Administrator, who is a Registered Nurse (RN), on at 1:01 p.m., the Administrator verified the training documentation was all dated She stated she give each person written materials to study then goes over all the information and this takes two days. The person also tests on each component. She stated she could not remember what date she had done which training so documented them all as She then produced a book with the testing results and information given on each subject. The tests for Staff C were dated either or When asked if she had taught the 4 hour medication course and watched Staff C demonstrate proficiency for each medication type, she stated no I was planning on doing that this Thursday. The Administrator provided certification of training before the course or testing was

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A 163	Continued From page 19 successfully completed if completed at all. 4. A review of Staff A's personnel record revealed she had been hired on She had 13 hours of training documented on 5. A review of Staff B's (the Owner) personnel record revealed he has worked since He had a total of 15 hours of training documented on Further review of Staff B's record revealed a 2 hour course of in-service from a Registered Dietitian on and The certificate of learning lacks any documentation of the content of the course, nor is it signed and dated by the licensed and registered Dietitian. When placed one on top of the other, both certificates perfectly match except for the written in date. The written in "La Paloma ALF" matches when held to light. Unclassified	A 163		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
La Paloma ALF
880 East Baffin
Venice, FL 34293

Dear Administrator:

This letter reports the findings of a Biennial 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 June20, 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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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