STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968136	06/05/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Love Of Hope Alf, Inc	2911 Nw 174th Street Miami Gardens, FL 33056	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint (#2013003779) Survey was conducted on , 2013 at Love Of Hope ALF, Inc. The following deficiencies were identified at time of survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and staff interview the facility failed to ensure that 2 out 3 (#1 & 2) sampled staff members have an annual freedom from ( ) statement.

Findings include:

Personnel record review found that staff #1 (administrator) physical and result had expired on and staff #3 (caretaker)'s last proof of communicable including is dated and has expired on .

Interview with the administrator on , 2013 at 2:30 p.m. acknowledge the physical and statement for staff member #1 and 3 are not current.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on record review and interview the facility failed to ensure 2 out 3(#1, and 2) staff members responsible for the facility's food service and the day-to-day supervision of food service staff obtain annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Findings include:

Record review of staff #1's last nutrition training was dated & staff # 2's nutrition training was dated . There was no current documentation of nutrition and food service training in he file.

Interview with the administrator on , 2013 at 2:30 p.m. acknowledge the Nutrition training were no current.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968136	06/05/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Love Of Hope Alf, Inc	2911 Nw 174th Street Miami Gardens, FL 33056	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observations, record review, and interview the facility failed to ensure that the menus were dated and that menus were kept for 6 months. The facility failed to have the menu reviewed annually by a registered dietitian.

Findings include:

Dining observation made on at 12:05 p.m. where resident are advised to come to dining table for lunch. Once they are seated they were served: Brown chicken with white rice, salad, black beans and a dinner rolls. The residents were given a cup of juice. The menu posted for today menu was followed.

Review of menu is dated to with the dietician seal. None of the menus are dated at all. The file contains a Pureed Menu and an Alternative menu. The dietician ' s license on file has expired on . The current license is not available. None of the menu review contained any substitution and there were no menu available for review for last 6 months.

Interview with the administrator on at 12:15 p.m. " I make what's on the menu. I ask tell what we are having and offer choices it they don't want it. "

On at 12:30 p.m. the administrator acknowledged she does not have the current dietician license. Staff #1 and staff #2 does not have the current nutrition training on file and their physical are not current.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Love Of Hope Alf, Inc
2911 Nw 174th Street
Miami Gardens, FL 33056

Re: CCR #2013003779

Dear Administrator:

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

Attached is the provider's copy of the State (5000-3547) 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 8/15/2013 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
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