STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967289	**07/18/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ajr Loving Care Assisted Living	**5900 Dean Road Oviedo, FL 32765**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0078-Staffing Standards - Staff-07/18/2013
0082-Training -
0083-Training - First Aid And 18/2013
0090-Training - 7/18/2013

Revisit Repeat Tags:
0084-Training - Assis Self-Admin Meds & Med Mgmt-58a-5.0191(5) Fac

Specific Tag Findings:
0000-Initial Comments
7/18/13 conducted follow up to the 5/16/13 Assisted Living Facility LNS monitoring visit. AJR Loving Care Assisted Living had a deficiency found at the time of the visit.

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
THE FOLLOWING DEFICIENCY REMAINED UNCORRECTED:
Based on record review and interview the facility failed to ensure 1 of 2 sampled staff (Staff A), who assisted with self-administration of medication, received the initial 4 hours of training in providing assistance with medications and safe medication practices in an assisted living facility.

Findings:

Review of personnel files for Staff A hired on revealed there was no documentation to indicate Staff A had completed the initial 4 hours of training in providing assistance with medications and safe medication practices in an assisted living facility. The staff had documentation of 4 hours of medication administration training on that was given by the Florida program.

Interview with the manager on at approximately 10 AM who stated the staff assisted with self-administration of medications to the residents and she was not aware the staff did not have the required ALF training, and needed to be scheduled to take the training.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINI ON

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

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

RE: Revisit to LNS monitoring

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 18, 2013by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 2013.**

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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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