STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967911	07/23/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Vandor Homecare Inc	2110 North 46th Avenue Hollywood, FL 33021	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility with Limited Mental Health (LMH) biennial licensure survey was conducted on Vander Homecare, had licensure deficiency found at the time of the visit.

L241-LMH - Records 58A-5.029(2) FAC
Based on record review and interview, it was determined the facility failed to ensure that each LMH resident has a Community Living Support Plan updated annually, for 4 out of 4 sampled residents (Resident #1, #2, #3 and #4).

The findings include:

During a review of Resident #1, #2, #3 and #4's records, it was noted all files failed to contain the required limited mental health (LMH) Community Support Plan. During an interview with the Administrator and LPN at 11:10 AM on , they acknowledged the facility did not have the required LMH documentation for noted residents recieving LMH services.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Vandor ..... Homecare Inc
2110 North 46th Avenue
Hollywood, FL 33021

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on .2013 by a representative from 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 (30) 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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