STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966505	**08/26/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
La Paloma Alf	**880 East Baffin Venice, FL 34293**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures-08/26/2013
0055-Medication - Storage And Disposal-08/26/2013
0081-Training - Staff In-Service-08/26/2013
0091-Training - Documentation & Monitoring-08/26/2013
0152-Physical Plant - Safe Living Environ/other-08/26/2013
0163-Records - Resident, Penalties For Alteration-08/26/2013

This is the follow-up to a Biennial survey conducted on 8/26/13 at La Paloma ALF in Venice, FL. The census at the time of the survey was 6.

All previous citations have been substantially improved or corrected.

No deficiencies were cited relevant to the survey during this visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

0081-Training - Staff In-Service 58A-5.0191(2) FAC

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

0163-Records - Resident, Penalties for Alteration 429.49 FS

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 3, 2013

Administrator
La Paloma Alf
880 East Baffin
Venice, FL 34293

Dear Administrator:

This letter reports the findings of a Biennial survey revisit conducted on August 26, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

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Tallahassee, FL 32308
http://ahca.myflorida.com

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