STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967653	08/28/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lake View Alf Corp	14220 Kendale Lakes Boulevard Miami, FL 33183	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0076 - 58a-5.0186 Fac - ( ) S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A standard biennial survey was made at Lake View ALF, Corp on .The following deficiencies were identified at time of survey.

0076- ( ) 58A-5.0186 FAC

Based on record review and interview the facility failed to have 2 of 4 facility staff trained in ('s).

Findings as follow:

Record review documented the facility failed to have staff #3 (hired on) and staff #4 (hired on) trained in 's.

On at about 1:30 p.m. the facility administrator stated staff #3 and #4 had not received the 's training.

Class III

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

Based on record review and interview the facility failed to have 2 of 4 facility staff trained in elopement response policies and procedures and reporting major and adverse incidents, and emergency procedures and residents rights and recognizing , neglect and for 1 of 4 facility staff.

Findings as follow:

Record review documented the facility failed to have staff #3 (hired on) and staff #4 (hired on) trained in elopement response policies and procedures. Record review also documented the facility failed to train staff #4 (hired on) in reporting major and adverse incidents and emergency procedures and residents' rights and recognizing , neglect and .

On at about 1:30 p.m. the facility administrator stated staff #3 and #4 had not received the elopement response policies and procedures training and stated staff #4 (hired on) was not trained in reporting major and adverse incidents and emergency procedures and residents' rights and recognizing , neglect and .

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967653	08/28/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lake View Alf Corp	14220 Kendale Lakes Boulevard Miami, FL 33183	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview the facility failed to have 2 of 4 facility employees trained in working with limited mental health residents.
Findings as follow:

Record review documented the facility had the LMH component on the facility license.
Record review documented the facility failed to have staff #3 (hired on) and #4 (hired on) trained in working with limited mental health residents.
Record review also documented staff #1 (facility administrator) last limited mental health training (6 hours) was dated and staff #2 (caretaker) last limited mental health training (6 hours) was dated
Record review documented the facility failed to have staff #1 and #2 trained in LMH continuing education.

On at about 1:00 p.m. the facility administrator agree with the findings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Lake View Alf Corp
14220 Kendale Lakes Boulevard
Miami, FL 33183

Dear Administrator:

This letter reports the findings of a state licensure 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 10/23/2013 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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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