| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968136 | 09/16/2013 |
| 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 - 0074 - 58a-5.019(3)(b) - Staffing Standards - Personnel File (bgs) S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced standard biennial survey was conducted on , 2013. Love of Hope ALF Inc. had Licensure deficiencies found at the time of the visit.

**0074-Staffing Standards - Personnel File (BGS) 58A-5.019(3)(b)**

Based on observations, record review, and interview the assisted living facility failed to have a copy of 1 out of 5 sampled staff member's level 2 background screening at the facility.

Findings include:

Record review found that the facility did not have a complete personnel record for staff c. (hire date , 2013) which included a completed level 2 background screening prior to providing care to residents.

Interview with the administrator on at 1:18 p.m. revealed that staff c. was recently hired ( 4, 2013) and only works in the facility two days a week (Wednesday and Thursday) and she (administrator) did not have all of staff c. record.

Class III

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

Based on record review and interview the facility's personnel records did not include evidence of being in-service training's for 1 out of 5 sampled staff:

Findings Include

On , 2013 record review and interview found the facility's personnel records did not include evidence of staff d. (hire date , 2013) being trained in Emergency Preparedness & Evacuation training, Incident Reporting training, Residents Rights training, & Recognizing/Reporting , Neglect & training.

On , 2013 at 1:25 p.m. facility administrator acknowledged findings.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968136 | 09/16/2013 |
| 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)

**0082-Training - / 58A-5.0191(3) FAC**

Based on staff record review and interview the facility failed to ensure that 1 out of 5 sampled staff had completed a one time education course on and .

Findings include:

Personnel record review and interview on , 2013 revealed sampled staff b. (hire date , 2012) did not have documentation of / training completed.

On , 2013 at 1:25 p.m. facility administrator acknowledged findings.

Class III

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

Based on record review and interview facility did not have proof of completed Food Service Designee 2 Hours Annual training for 1 of 5 sampled. staff.

Finding includes;

Based on record review and interview on , 2013 sampled staff (d. hire date , 2013) was missing Food Service Designee 2 Hours Annual training.

On , 2013 at 1:35 p.m. facility administrator acknowledged findings.

Class III

**0090-Training - 58A-5.0191(11) FAC**

Based on record review and interview the facility failed to train 2 of 5 sample staff in the facility's policy and procedures of ( ).

Findings include:

Based on record review and interview on , 2013 revealed the facility failed to train b. hire date 12, 2012 and d. hire date , 2013 in the facility's policy and procedures of ( ).

On , 2013 at 1:35 p.m. facility administrator acknowledged findings.

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

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 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
XG90

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