STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968136	09/18/2013
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)		

Revisit Corrected Tags:
0078-Staffing Standards - Staff-09/16/2013
0093-Food Service - Dietary Standards-09/16/2013

Revisit Repeat Tags:
0085-Training - Nutrition & Food Service-58a-5.0191(6) Fac

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to licensure complaint survey, CCR # 2013003779, was conducted on , 16, 2013. Love of Hope ALF Inc. had Licensure deficiencies found at the time of the visit.

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 (d. hire date , 2013)

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.

Uncorrected 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

CRR#2013003779 f/u

Dear Administrator:

This letter reports the findings of a revisit survey to a complaint conducted on , 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 (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

BBT7

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