STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967185	**10/03/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Joy & Love Rehabilitation Alf	**910 Nw 58 Street Miami, FL 33157**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on . . . . . at Joy & Love Rehabilitation Assisted Living. There were deficiencies identified at the time of survey.

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on record review and interview facility failed to have 1 out 3 sampled employees to have their licenses up to date and he did not have an up to date physical examination on file.

Findings includes:

1. Record review revealed that the RN's license has expired on . His physical examination was also out of date last dated . . . .

2. Interviewed caretaker on at 2:00 pm, stated that she did not know nurses license /physical examination were expired and she would inform the administrator in regards to this matter.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Joy & Love Rehabilitation Alf
910 Nw 58 Street
Miami, FL 33157

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 Kristal Branton, Health Facility Evaluator Supervisor.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
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