AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Wings of Love
524 Bahia Track Trail
Ocala, FL 34472

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative of this office.

Enclosed 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 , 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Stephen Bunyi for,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967607	09/16/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Wings Of Love	524 Bahia Trk Trail Ocala, FL 34472	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - L242 - 58a-5.029(3) Fac - Lmh - Responsibilities Of Facility S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced abbreviated to standard licensure survey was conducted at Wings of Love in Ocala, Florida, on . 2013. The facility was found not to be in compliance.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to verify the status for one of two sampled employees.

Findings:

A record review conducted on . 2013, revealed that the facility could not verify the status of employee B. An interview was conducted with the administrator on . 2013. She acknowledged that the file did not contain the required documentation.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on interview and record review, the facility failed to ensure that two of two employees received all required training. (The facility only employs two employees.)

Findings:

A record review, conducted on . 2013, revealed: one of two employees reviewed (employee B) had not been trained on ADL and behavioral needs; two of two employees reviewed (employees B and C) did not receive control training; one of two employees reviewed (employee B) did not complete elopement response training; two of two employees reviewed (employees B and C) did not receive emergency preparedness and evacuation training; and one of two employees reviewed (employee B) did not receive recognizing/reporting training

During an interview with the owner on 2013, she acknowledged that the employee files did not contain the required verification of training.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967607	09/16/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Wings Of Love	**524 Bahia Trk Trail Ocala, FL 34472**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

L242-LMH - Responsibilities of Facility 58A-5.029(3) FAC
Based on record review and interview, the facility failed to maintain a copy of the limited mental health community support plan for one of one sampled resident is this care area.

Findings:

A record review conducted on , 2013, revealed that the facility did not maintain a copy of resident #1 's limited mental health community support plan. As such, the facility is not able to demonstrate it is meeting its to assist the resident attain his mental health needs. An interview was conducted with the owner on , 2013. She acknowledged that the file did not contain the required documentation.

Class III

L243-LMH - Training 58A-5.0191(8) FAC
Based on record review and interview, the facility failed to ensure that one of two sampled employees received LMH training.

Findings:

A record review conducted on , 2013, revealed that employee B has not completed LMH training. An interview was conducted with the owner on , 2013. She acknowledged that she did not possess documentation demonstrating that employee B has completed LMH training.

Class III