AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Faith Loving Care
7969 Pinehurst Drive
Spring Hill, FL 34606

Dear Administrator:

Re: CCR #2013009080

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representatives 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 surveyors. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Stephen Burgin for,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure

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2727 Mahan Drive
Tallahassee, FL 32308
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Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone (386) 462-6201; Fax (386) 418-5300

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967453	**09/30/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Faith Loving Care	**7969 Pinehurst Drive Spring Hill, FL 34606**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint survey, CCR # 2013009080, was conducted on , 2013. Faith Loving Care Assisted Living Facility had a deficiency found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation and interview the facility failed to supervise and provide appropriate care to meet the general health of 1 of 3 sampled residents. Res. # 1

Findings:

Observation on at 10:30 AM in the main dining area revealed resident # 1 and Res. # 3 are having some snack at the main dining table. Res. # 3 has a diagnosis of mental and Observed food all around Res. # 3 ' s mouth. Caregiver got a moistened paper towel and wiped the food off his mouth, and then caregiver went over to Res. # 1 and wiped her face with the same paper towel used with Res. # 3. When asked why she used the same paper towel, caregiver did not offer an explanation. Interview with the owner on at 2:00 PM revealed and stated that it is ridiculous that the caregiver did what she did and she knows better not to use the same paper towel. She stated that she has abundant supply of paper towels and there was no need for her to use the same towel.

Class III