STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967062	11/05/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Fullness Of Love ALF	3405 Knolls Road Miramar, FL 33025	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= D

Specific Tag Findings:

0000-Initial Comments
An unnannouced Assisted Living Facility Relicensure survey was conducted on . . . . . Fullness of Love had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on observation, record review, and interview, the assisted living facility failed to ensure 1 out of 3 (Staff A) have a freedom from communicable . . . including . . . . . statement within 30 days of employment. The facility failed to ensure 1 out of 3 (Staff A) current staff members had freedom from . documented on an annual basis.

The findings include:

1) Observations on . . . . at approximately 11:15 AM found staff A preparing lunch in the kitchen.

Observations on . . . . at approximately 4:46 PM found staff A assist with medications.

2) Record review of staff A's personnel record, whose date of hire was . . . . . , lacked any documentation of freedom from communicable . . . . including . . . . . Record review lacked any other documentation of freedom from . . . . . .

3) In an interview conducted with Staff A on . . . . . at approximately 11:00 AM, she stated she has been working at the facility since . . . . . She stated she assists with medications,cooks for the residents and assist the residents with their daily activities, such as dressing, . and bathing.

In an interview with the Owner on . . . . . at approximately 11:48 AM, she reviewed the file and confirmed that she could not provide proof of the required documentation of freedom from communicable . . . including . . for staff A..

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967062	**11/05/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Fullness Of Love ALF	**3405 Knolls Road Miramar, FL 33025**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on observation, record review and interview, the facility failed to ensure that a Level II Background rescreening was obtained as required every 5 years for direct care staff, for 1 of 4 sampled staff records reviewed (Staff A).

The findings include:

1) Observations on . . . . . at approximately 11:15 AM found staff A preparing lunch in the kitchen.

Observations on . . . . . at approximately 4:46 PM found staff A assist with medications.

2) On . . . . . a record review of Staff A's personnel file revealed that the last Level II Background rescreening was completed on .

On . . . . . a search of the Agency for Health Care Administration's background screening database revealed that an inquiry on Staff A , stated "new screening required".

3) In an interview conducted with staff A on . . . . . at approximately 11:00 AM, she stated she has been working at the facility since . . . . . She stated she assists with medications,cooks for the residents and assist the residents with their daily activities, such as dressing, ... and bathing.

In an interview conducted with the Administrator on . at 11:49 AM, she reviewed the record and confirmed that she had not obtained a new background screening on Staff A .

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Fullness Of Love ALF
3405 Knolls Road
Miramar, FL 33025

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative 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 , **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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924