STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932431	11/18/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Loving Care Living Facility	76 Bruen Street Saint Augustine, FL 32095	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-11/18/2013
0030-Resident Care - Rights & Facility Procedures-11/18/2013
0056-Medication - Labeling And Orders-11/18/2013
0078-Staffing Standards - Staff-11/18/2013
0081-Training - Staff In-Service-11/18/2013
0083-Training - First Aid And Cpr-11/18/2013
0085-Training - Nutrition & Food Service-11/18/2013
0090-Training - Do Not Resuscitate Orders-11/18/2013
0092-Food Service - General Responsibilities-11/18/2013
0093-Food Service - Dietary Standards-11/18/2013
0152-Physical Plant - Safe Living Environ/other-11/18/2013
0160-Records - Facility-11/18/2013
0161-Records - Staff-11/18/2013
0181-Emergency Mgmt - Plan Approval-11/18/2013
Z815-Background Screening; Prohibited Offenses-11/18/2013

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 5, 2013

Administrator
Loving Care Living Facility
76 Bruen Street
Saint Augustine, FL 32095

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 18, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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 (904) 798-4201.

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/KW/sm
Enclosure

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

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054