STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966505	**12/30/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
La Paloma Alf	**880 East Baffin Drive Venice, FL 34293**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0025-Resident Care - Supervision-12/30/2013
0027-Resident Care - Arrangement For Health Care-12/30/2013
0078-Staffing Standards - Staff-12/30/2013
0081-Training - Staff In-Service-12/30/2013
0082-Training - Hiv/aids-12/30/2013
0160-Records - Facility-12/30/2013

These are the results of an unannounced follow-up to Complaint Survey, CCR# 2013009070 which was conducted at La Paloma an Assisted Living Facility (ALF) on 12/30/13.

All previous citations have been substantially improved or corrected.

No deficiencies were cited relevant to the survey during this visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

0027-Resident Care - Arrangement for Health Care 58A-5.0182(3) FAC

0078-Staffing Standards - Staff 58A-5.019(2) FAC

0081-Training - Staff In-Service 58A-5.0191(2) FAC

0082-Training - HIV/AIDS 58A-5.0191(3) FAC

0160-Records - Facility 58A-5.024(1) FAC

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 7, 2014

Administrator
La Paloma Alf
880 East Baffin Drive
Venice, FL 34293

Dear Administrator:

This letter reports the findings of a Complaint survey revisit conducted on December 30, 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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

Fort Myers Field Office
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Fort Myers, FL 33901
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