STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968357	**02/14/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Living With Friends	**3014 Hudson St Broadway, FL 33605**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Repeat Tags:

N277-Lns - Resident Care Standards-58a-5.031(2) Fac

List of Tags Cited:

St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A desk review was conducted on 02/14/04.

Living With Friends, assisted living facility, had an uncorrected deficiency at the time of the desk review.

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Review of Staff B's employee record for a Level 2 BGS revealed that there was a document that stated a new screening was required. The BGS website also reported that Staff B required a new BGS.

Findings include:

On 2/14/14 a review of the Agency Background Screening Website indicated that Staff B has not updated screening and a new screening is still required.

Class III

Uncorrected

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 14, 2014

Administrator
Living With Friends
3014 Hudson St
Broadway, FL 33605

Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) that was conducted on February 14, 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the uncorrected deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review 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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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