

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953579	(X3) DATE SURVEY COMPLETED 02/19/2014
NAME OF PROVIDER OR SUPPLIER Smiles & Loving Care	STREET ADDRESS, CITY, STATE, ZIP CODE 1065 Garden Road Merritt Island, FL 32952	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D

Specific Tag Findings:

0000-Initial Comments

The biennial re-licensure Survey was conducted on

Smiles & Loving Care Assisted Living Facility had a deficiency found at the time of the visit.

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on Personnel record review and interview the facility failed to ensure the person in charge of food services completed 2 hours of continuing education annually.

Findings:

Review of personnel files for Staff C, who stated he was in in charge of food services, revealed there was no documentation to indicate she had completed 2 hours of continuing education annually.

During an Interview with the administrator/owner on at approximately 2 PM, he stated that staff C was in charge of the food service and had not completed the 2 hours of continuing education annually.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Smiles & Loving Care
1065 Garden Road
Merritt Island, FL 32952

Dear Administrator:

Re: Abbreviated biennial relicensure

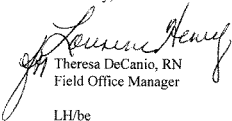
This letter reports the findings of a state licensure survey that was conducted on 2014 by representative(s) of this office.

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 2014, 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 Lorraine Henry at Theresa DeCanio, RN.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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