STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953579	02/19/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Smiles & Loving Care	**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 [redacted].

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 [redacted] 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

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

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

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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998