STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965628	**02/20/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
All Stars Assisted Living, Inc	**1131 W Lake Brantley Road Altamonte Springs, FL 32714**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments
LNS monitoring visit was conducted on .

All Stars had a deficiency found at the time of the visit.

L243-LMH - Training 58A-5.0191(8) FAC
Based on record review and interview the facility failed to ensure 1 of 3 sampled staff (B), who had direct contract with mental health residents, had 6 hours of Limited Mental Health (LMH) training by an approved provider, within 6 months of employment.

Findings:

Review of personnel files revealed Staff B, caregiver, with a date of hire of , had 8 hours of mental health training on , from Florida Nursing School, who was not an approved provider. There was no documentation to review to indicate Staff B had taken 6 hours of LMH training from an approved provider.

In an interview with the owner on at approximately 1:30 PM who stated she was not aware the above training was not given by an approved provider.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

.2014

Administrator
All Stars Assisted Living, Inc
1131 W Lake Brantley Road
Altamonte Springs, FL 32714

Dear Administrator:

RE: LNS monitoring

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

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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