STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968136	05/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Love Of Hope Alf, Inc	2911 Nw 174th Street Miami Gardens, FL 33056	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

An unaanounced complaint inspection survey (CCR#2014003607) was conducted on . Love of Hope ALF, Inc had no deficiencies at time of survey.

0054-Medication - Records 58A-5.0185(5) FAC

Based on interview and record review, the facility failed to maintain an accurate Medication Observation Record (MOR) for 1 (resident #4) of 7 sampled residents.

Findings include:

Review of resident #4's MOR for 2014 revealed the resident's 5 mg, 1 PM and 5 PM Oyster Shell , and 9 PM were not given on . None of the three medications were noted as given on . The resident's Oyster Shell 500 mg was not initialed as given on and . There was no indication in the notes that the resident was not present at the facility on those days and there was no notation on the MOR that the resident refused the medications.

Interview with the administrator on at 10:00 am revealed she said the resident refused medications. She acknowledged there was no notation on the MOR that the resident had refused the above doses which were not intialed as given.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on interview and record review, the facility failed to maintain a complete resident record for 1 (resident #4) of 7 sampled residents.

Findings include:

Review of the facility ' s admission/discharge log revealed resident #4 was not listed. The only documents from resident #4's record were a Medication Observation Record and observation notes.

Interview with the administrator on at 10:00 am revealed resident #4 was sent from the hospital about three weeks ago. He did not sign the contract because he refused. He resided in the facility for about 2 weeks without signing the contract. She acknowledged that the only documents from resident #4's record in the facility was an 2014 Medication Observation Record and observation notes.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Love Of Hope Alf, Inc
2911 Nw 174th Street
Miami Gardens, FL 33056

CCR#2014003607

Dear Administrator:

This letter reports the findings of a state complaint 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 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure XG90