STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968136	07/10/2014
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)		

Revisit Corrected Tags:
0162-Records - Resident-07/10/2014

Revisit Repeat Tags:
0054-Medication - Records-58a-5.0185(5) Fac

Revisit New Tags:
0160-Records - Facility-58a-5.024(1) Fac

Specific Tag Findings:

0000-Initial Comments

A complaint inspection survey (CCR#2014003607) revisit survey was conducted on 11, 2014. Love Of Hope Alf, Inc. had deficiencies at the 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 #3) of 6 sampled residents.

Findings include:

On at 11:16 am, during a review of resident #3's MOR revealed that he did not have his medication (0.5 mg). There was no indication in the notes that explained why the resident did not take his medication.

Interview with the administrator on at 11:37 am revealed that resident #3 had his medication when he needed it.

On at 11:40 am, during an interview with administrator, she acknowledged deficiency.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on observation, record review and interview, the facility failed to have an up-to-date admission and discharge log.

Findings as follow:

On at 11:00 pm, there were 6 residents observed in facility.

Record review revealed that facility their were 7 residents at the facility.listed on the facility's admission discharge log. Per staff A, one of the listed resident no longer live at the facility.

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Interview on a 12:00 a.m. with the facility administrator; confirmed the Admission and Discharge log was inaccurate by not documenting a discharge.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a complaint revisit survey conducted on , 2014 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report.

All deficiencies shall be corrected no later than , 2014.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

BBT7

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