STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967492	10/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Always Loving Family Corp	4394 Sw 151 Place Miami, FL 33185	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A standard biennial survey was conducted on . Always Loving Family Corp. had the following deficiencies at time of survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on observation, record review and interview facility failed have a health assessment that met the needs of the resident at the time of the survey.

Findings includes:

Observation of the resident # 4 during the survey observed the resident was sitting in the common watching television with the other residents. She was observed participating in the morning group excercise group. Resident was observed sitting at the lunch table eating lunch with the other residents and coloring during the rest of the survey without any problems. The resident was moving around the facility without any problems with the help of staff when needed to use the do her morning walk with assistance of the staff mmembers.

Record review od resident #4's health assessment (dated) In section 1. part A. key: Independent/ Needs Supervision/Needs Assistance and Total Care were not checked. For section for Assistance with Daily Living's (ADL): Ambulation/ Bathing/ Dressing/ Eating/ Self Care ( )/ Toileting and Transferring all were checked (Total Care). Area B. Special Diets: Regular/ Calorie Controlled/ No Salt/ Low Fat were all blank (no check marks).

Interview with owner on at 3:00pm, she stated that resident was not did not need total care and did not know why the doctor had checked the boxes in resident #4's ADL's section. Owner stated that resident#4 had been assisted with all of the same ADL's as for the past year and did not have any significant changes in her health in the past year.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview facility failed to have 1 out 5 sampled employees to have training the areas for ADL's (.Activities of Daily Living).

Findings includes:

Record review showed that employee D. (caretaker, hired on) did not have any training documentation in her file proving she has been trained in that area since working at the ALF.

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Interview with the owner of the facility on at 1:00 pm, she confirmed the findings in regards to employee D. not being trained in ADLS.

Class III

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

Based on record review and interview facility failed to have a POA (Power of Attorney) in a residents chart to allow a family member to sign her contracts and other documentation in the chart.

Findings includes:

Record review showed that resident #5 (admitted on) and a family member has been signing all of her documentation in her chart without a POA/Surrogate/Proxy and Guardianship in the residents chart to give her family member authority to sign the contract.

Interview with the administrator on at 2:00 pm she confirmed resident#5's family member has been signing her contract and other documents in the chart without the proper and legal authority.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Always Loving Family Corp
4394 Sw 151 Place
Miami, FL 33185

Dear Administrator:

This letter reports the findings of a standard biennial 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, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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