STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967289	12/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ajr Loving Care Assisted Living	5900 Dean Road Oviedo, FL 32765	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0164 - 58a-5.024(4) Fac - Records - Inspection Availability S-S= D

Specific Tag Findings:
0000-Initial Comments
Limited Nursing Services monitoring visit was conducted on . AJR Loving Care Assisted Living had a deficiency found at the time of the visit.

0164-Records - Inspection Availability 58A-5.024(4) FAC
Based on record review and interview the facility failed to have employee files available for inspection at all times by the agency for the Limited Nursing Service (LNS) monitoring visit.

Findings:

Entrance on at approximately 9:15 AM with the caregiver, who stated there were no residents receiving LNS. The employee files were requested on at approximately 9:20 AM and there was no documentation presented to review to ensure the employees had the required documentation in their files. The caregiver stated on at approximately 9:20 AM that she did not have access to the employee files.

Phone interview with the manager on at approximately 9:30 AM who stated she was out of town and the caregiver did not have access to the employee files.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Ajr Loving Care Assisted Living
5900 Dean Road
Oviedo, FL 32765

RE: LNS monitoring

Dear Administrator:

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 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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