STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968136	12/30/2014
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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on , 2014. Love Of Hope had a deficiency at time of survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview facility failed to document on an annual basis that registered nurse contracted by facility to provide limited nursing services is free from signs and symptoms of .

Findings included:

Record review of registered nurse contracted by facility to provide limited nursing services revealed that the last physical exam was done on and she was in good mental and physical condition and last chest X-Ray was done on and she was free of .

At 9:30 am on , 2014 facility administrator stated: "I did not know that even when the X-Ray is good for 5 years we must see a doctor every year to document that we are free from . I will speak to the nurse to let her know, because we both work at the same nursing agency and they did not tell us that."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a limited nursing services monitoring 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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