STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966841	**02/25/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Linet Tender Loving Care ALF Inc.	**4239 53rd Ave North Saint Petersburg, FL 33714**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

Assisted Living Facility

A biennial state licensure survey was conducted on .

Linet Tender Loving Care, Assisted Living Facility, had deficiencies identified at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on record review and interview, the facility did not ensure that two of two residents (#5 and #6) whose contracts were reviewed, had written agreements in place providing at least 45 days notice of relocation/termination of residency, giving appropriate reasons when less than said time frame could be allowed.

Findings Include:

A resident record review during the survey revealed that although the resident contract for Resident #5 and #6 both specified a 45-day notice was not required in case a physician determined the need for a higher level of care was necessary, or in the event of harmful behavior on the part of the resident, the contract further stated that "no 45-day notice was needed in the event of non-payment of rent." Interview with the administrator at approximately 1:15 pm on indicated that she meant only if, after speaking to the resident and their family/responsible party, she still was not paid, would she initiate termination proceedings. Nevertheless, the verbiage was misleading and needed to be omitted.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on interview and record review, the facility did not maintain a written log of its menu substitutions for a period of at least 6 months.

Findings Include:

At approximately 12:10pm on , the facility's menu substitution log was requested but never furnished. In an interview with the administrator at this time, she explained that "she didn't maintain such a document and that she thought by having an 'alternate menu', this met the requirement."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Linet Tender Loving Care ALF Inc.
4239 53rd Ave North
Saint Petersburg, FL 33714

Dear Administrator:

This letter reports the findings of a Biennial State Licensure survey that was conducted on , 2015 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul Brown

for Patricia Reid Caufman
Field Office Manager

PRC/src
Enclosure: State (5000-3547) Form

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