STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942911	02/17/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lakeview Alf Enterprises, Inc.	3833 Sw 33rd Street Hollywood, FL 33023	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0010-Admissions - Continued Residency-02/17/2015
0078-Staffing Standards - Staff-02/17/2015
0080-Training - Core & Competency Test-02/17/2015
0081-Training - Staff In-Service-02/17/2015
0162-Records - Resident-02/17/2015
Z815-Background Screening; Prohibited Offenses-(

Revisit Repeat Tags:
0000-Initial Comments-
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac

Specific Tag Findings:

0000-Initial Comments
An unannounced follow-up to the Relicensure survey was conducted on 2/17/2015. Lakeview ALF Enterprises, Inc. had an uncorrected deficiency found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on interview and record review, it was determined the facility failed to ensure that staff who assistance residents with their self-administered medications have the required medication training to assist with self administered medication pursuant to the training requirements of Rule 58A-5.0191, F.A.C.,

The findings include:

Review of Staff D's personnel record on revealed she is employed at the facility as an Aide with a hire date of 2015. The record did not contain evidence of the required initial 4 hours of assistance with medications. During an interview at approximately 2:00 PM on with the Administrator, she confirmed Staff D passes medications. A review of the medication observation record for the month of 2015 documents "D". It was confirmed with Staff D that this is her initial and she does pass medications (assist with medications). During the survey the Administrator/Owner was not able to confirm the training.

On at 3:08 PM, an email from the Administrator was received and documents "still waiting for response from school regarding Staff D's 4hr medication assistance class" As of there has been no additional information received regarding aforementioned.

Class III
Uncorrected from

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Lakeview ALF Enterprises, Inc.
3833 SW 33rd Street
Hollywood, FL 33023

RE: Relicensure Survey Revisit

Dear Administrator:

This letter reports the findings of a Relicensure survey revisit conducted on 17, 2015 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2015.

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 (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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