STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922240	**02/24/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Loving Care ALF, Inc.	**870 7th Avenue Northeast Largo, FL 33770**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff

Specific Tag Findings:

Assisted Living Facility

Biennial Survey. Loving Care Assisted Living Facility Inc., had deficiencies at the time of visit.

An unannounced biennial licensure survey was conducted on

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

Based on Observation, interview and record review the facility failed to ensure that 1 of 2 sampled employees (A) ( ) screenings were conducted annually and within 30 days after beginning employment.

Findings Include:

During an interview with Employee A on at 12:59 p.m., he confirmed that an updated annual screening was not completed. Employee A confirmed he has direct care contact with residents on daily basis. He stated, "I haven't had an updated ( ) performed, nor can I provide you with documentation revealing I am free from communicable ."

A review of the employee's personnel records on revealed Employee A was hired on . Employee A's file revealed Employee A did not have documentation indicating a ( ) screening was completed.

Observation was conducted on at 2:15 p.m., Employee A was observed providing direct care services to residents throughout the survey process.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Loving Care ALF, Inc.
870 7th Avenue Northeast
Largo, FL 33770

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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