STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968427	03/09/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A La My Love ALF	6821 Dover Court Tampa, FL 33634	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0008 - 429.26(4-6) Fs; 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:

Assisted Living Facility

On [redacted] a Biennial licensure survey was conducted.

A La My Love ALF had deficiencies at the time of the survey.

0008-Admissions - Health Assessment 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure that one (Resident #2) of two residents reviewed, had a complete health assessment.

Findings Include:

During a record review on [redacted] at approximately 10:00 A.M. it was revealed that Resident #2's health assessment dated [redacted] was not complete. The health assessment noted that the resident required help taking his medication, but did not indicate if the resident needed assistance or needed administration of medication.
The administrator stated that she reviewed the health assessments for the facility, but failed to notice that it was not completed.

Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observation, record review and interview the facility failed to provide ongoing activities six days a week for no less then 12 hours a week for 5 (Residents #1, #2, #3, #4 and #5) of 5 residents.

Findings Include:

The facility's activity calendar does not meet requirements. The activities calendar lists on each Monday and Friday morning, news from 9:00 am to 10:00 am. On every Tuesday, the activity lists as personal time, to go over Doctors appointments or any concerns. Each Wednesday of the month, the calendar lists house meeting from 3:00 P.M. until 4:00 P.M. On Thursday, the calendar lists exercise day, but does not have times listed.

During interviews conducted with the residents, it was stated that they do not have activities. The residents stated they do not have house meetings and they have not been asked to take part in planning activities. The residents stated they have not been on outings outside of the facility, including shopping trips. Observation on throughout the day, the facility did not attempt to conduct any activity.

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During an interview on . . . . . at approximately 2:00 p.m., the Administrator stated the Physical was at the facility working with the resident when she arrived. That was to be considered an activity. The Physical needs a doctor's order and does not work for the facility. The Administrator stated the Owner of the facility is the Owner of the home health agency and sends the to conduct exercise. The Administrator also stated the Owner would have come to take the residents out shopping, but changed his plans because the biennial survey was being conducted.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on record review and interview the facility failed to ensure employees had certificates of training to meet the requirements for one of two (Staff #2) staff.

Findings Include:

During record review it was revealed the direct care staff training had been conducted by watching online classes. The certificates from the online class did not provide all the required information such as instructors, signature and licensure number, training agenda and subject matter.

During an interview conducted with the Administrator on , it was stated that when a new employee is hired, the Owner has the employee go to her office and watch the classes on computer, she then prints the certificate for the employee's file.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview the facility failed to ensure they had an up to date admission discharge log listing the residents names, date of admission and the place from where the resident was admitted.

Findings Include:

During the Biennial licensure survey on , at approximately 10:00 A.M. the facility's admission discharge log was not available for review. The Administrator stated that she was not able to find the log. The Administrator stated that she would have to replace it.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
A La My Love ALF
6821 Dover Court
Tampa, FL 33634

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 M Brown

FOR Patricia Reid Caufman
Field Office Manager

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

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