STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968136	05/04/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Standard Biennial Survey was conducted on , 2015. Love of Hope ALF Inc with Limited Nursing Services Component had the following deficiencies at time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review and interview the facility failed to ensure that the health assessments for Residents (# 2, 3, 4 and 5) had documented what type of assistance was needed with medications. Facility failed to have a completed health assessment for Resident #6.

Findings included:

Observation on at 9:30 am revealed that Resident #2 (admitted on) lived in # . Resident #3 (admitted on) lived in # . Resident #4 (admitted on) lived in # and Resident #5 (admitted on) lived in # .

Record review on at 11:00 am for Resident #2's Form 1823 did not have specify if she needed help with medication.

Record review on at 11:00 am for Resident #3s Form 1823 did not have specify if he needs 24 houring nursing/ services and if he needed help with medication.

Record review on at 11:55 am for Resident #4's Form 1823 did not indicate if she required 24 hours of nursing or care.

Record review on at 11:50 am for Resident #5's Form 1823 did not have specify if she needed help with medication.

Interview on at 11:55 am revealed that the Administrator acknowledged that Residents' (# 2, 3, 4 and 5) Form 1823 information were not completed.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and interview the facility failed to complete two elopement drills per year.

Findings included:

Record review on revealed that the facility's last elopement drills was completed on .

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0032 Continued From page 1

Interview with the Administrator on at 11:30 am revealed that she acknowledged that the elopement drills were not completed.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review and interview, the facility failed to maintain completed residents Medication Observation Record (MOR) for five out of five (1-5) sampled residents who received assistance with self-administration of medication from the facility's staffing.

Findings included:

Observation on at 8:30 am revealed that there were five residents in the facility.

Record review on of the facility's MOR indicated that the facility did not document Residents #1-5 assistance for self-administration of medications on the morning of by staff A. (As per photograph)

Record review on at 9:00 am revealed that the MOR did not matched dates with the Residents ' #1-5 medications bingo cards.

Interview on between 9:30 - 11:00 am revealed that Residents # 1-5 stated, " Staff A provided my medications early this morning."

Interview on at 8:30 revealed that Staff A stated that she assisted Residents #1- 5 with self-administration of medication early in the morning. However, she did not sign the book, but she was planning to sign as soon as she could sign.

Interview on at 12:00 pm with Administrator revealed that she stated that the pharmacy dropped the medications every 28th and it had been difficult to her to follow the MOR and the Residents' #1-5 medication bingo cards tracked on the same date.

Class III

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

Based on observation, record review, and interview the facility failed to ensure for one out of three (Staff A) staff had evidence of a negative ( ) test.

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SUMMARY STATEMENT OF DEFICIENCIES
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0078 Continued From page 2

Findings included:

Observation on at 8:30 am revealed that Staff A providing care and assisting a census of five residents.

Record review on at 11:00 am revealed that the facility did not have evidence of a negative ( ) test documented on an annual basis for Staff A.

Interview on at 11:20 am revealed that the Administrator and Staff A acknowledged that Staff A did not have an updated test.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the facility failed to maintain a clean and safe environment to residents.

Findings included:

Observation during tour on at 8:55 am revealed that the backyard ' s porch had a broken chair, garbage and debris. Moreover, there were two freezer (cracked/oxidation) with meat inside and plugged. (As per photograph)

Interview during tour on at 8:55 am revealed that Staff A stated that Residents (1-5) had access to the porch.

Interview with the administrator on at 11:30 am revealed that she stated, " There is nothing wrong in the porch. "

Class III

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

Based on observation and interview the facility failed to have an update Emergency Plan Approval Letter.

Findings included:

Observation on at 8:30 am revealed that the facility did not have an update Emergency Plan Approval letter displayed on the board.

A record review on at 9:00 am revealed that the facility book had no Emergency Plan Approval Letter in file.

An interview with administrator on at 10:00 am revealed that she acknowledged that the Emergency Plan

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0160 Continued From page 3

Approval Letter needs to be updated; she could not remember how it looked like.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation, record review, and interview the facility failed to have an employee application with references for 1 out 3 (A) Staff.

Findings included:

Observation during tour on at 10:15 AM revealed that Staff A was assisting residents #3, 4, and 5 cleaning in the facility.

Personnel record review on at 11:45 am revealed that Staff A (hired date unknown) did not have an application along with references at time of survey.

Interview on at 12:12 pm the Administrator acknowledged that Staff A did not have employee application with references in facility at time of survey.

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on observation, record review, and interview the facility failed to have a level II screening background for one out of three (Staff A) sampled staff.

Findings Included:

Observation on at 8:30 revealed that Staff A was alone assisting and caring for the facility Residents #1-5 since .

A personnel record review on at 10:30 am revealed that Staff A did not have a level II background screening on file at survey time at all.

Interview on at 12:51 pm revealed that Staff A confirmed that she started to work in the facility on however, she was had her Background Screening three years ago Staff A did not know her results.

Further interview on at 1:30 am with Administrator confirmed that she knew that Staff A had her Background screening done, but she did not check for her eligibility on her level II background screening yet in the website. Per

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Z815 Continued From page 4

Administrator, she did not know if Staff A was eligible or not before to put her to work in the facility.

Unclassified deficiency

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 Standard Biennial 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 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) 593-3106.

Sincerely,

Kristal Branton

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida