**AGENCY FOR HEALTH CARE ADMINISTRATION**

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968427 | 08/24/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>**A LA MY LOVE ALF** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**6821 DOVER CT**<br>**TAMPA, FL 33634** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 Initial Comments**

Assisted Living Facility

A complaint survey, CCR# 2015005597, was conducted on .

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

**0004 Licensure - Requirements**

Based upon observation & interviews, the facility was over it licensed capacity of 6 residents by 1 resident.

Findings include:

During tour of the facility on , 7 residents were observed in the home. The facility was 1 resident over the licensed capacity of 6.

8 beds were observed in the home which consisted of 5 . 2 resident were private, 3 resident were set up with 2 beds.

Upon arrival & interview with the one of facility owners at 10:15am, it was stated that residents #7 was an uncle of her husband. She stated that resident #7 was brought to the facility every morning & returned home every evening.

Observation of the #7 the resident was lying in bed. It was also noted that the a free-standing clothes rack which was filled with the residents clothing. A large dresser in the had a large amount of personal items on the top of the of the dresser as well as in the small chest of drawers which also belonged to resident #7. The owners confirmed the belongings were those of his uncle (resident 7).

When questioned why there were so many personal items of his uncle in the he was only there during the day the owner stated that resident #7 may need his clothes in event of an accident but that he also has clothes at home. The owner said resident is brought to the facility daily as he cannot stay alone.

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This a converted garage space off of another resident . Resident #7 was not able to be interviewed as he was Spanish speaking only.

The administrator arrived at the facility at about 11:45am. She also said resident #7 was a relative of the owner, adding that another male in the facility (#2) was also a relative. She stated that most of the time they come in the morning & go home in the evening. The administrator did state that there are occasions when they will stay at the facility over night.

A review of the facility admission & discharge register revealed it was not current however from this review it appeared that at one point in the facility possibly had 8 residents.

During confident resident interview at 10:55am it was stated that resident #7 doesn't go home at night, he lives here.

The facility had not been approved to have Day Care residents per review of agency information.

Class III

**0160 Records - Facility**

Based upon record review & staff interview the facility failed to maintain an up to date admission and discharge log.

Findings include:

A review of the facility admission and discharge log revealed it was not up to date. The log did not include the names of 2 female residents currently residing in the home (#4 & 5). Additionally, 2 male residents noted to have been admitted to the facility on and and 2 male residents admitted on / / & / / were noted as still residing in the home (not discharged on log). The administrator stated that the residents had been previously discharged.

From a review of this admission and discharge log it appears there was 7 residents in the facility prior to this visit without including residents #2 & #7 who were present on .

The admission and discharge log did not include all information required by rule. It did not include place to which the residents were discharged.

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

The administrator acknowledged during interview at 12:30pm that the log was not up to date and all information required was not included.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

**RE: CCR #2015005597**

Dear Administrator:

This letter reports the findings of a complaint 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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,

for Patricia Reid Caufman
Field Office Manager

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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com