RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

Administrator
Wings of Love
524 Bahia Track Trail
Ocala, FL 34472

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted], 2015 by a representative of this office.

Enclosed 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 [redacted], 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967607	09/02/2015
NAME OF PROVIDER OR SUPPLIER **WINGS OF LOVE**	STREET ADDRESS, CITY, STATE, ZIP CODE **524 BAHIA TRK TRAIL** **OCALA, FL 34472**	

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

0000 Initial Comments

An unannounced Biennial and Limited Mental Health licensure survey was conducted at Wings of Love, an assisted living facility in Ocala, Florida on [redacted], 2015. Licensure deficiencies were identified as a result of the survey.

0080 Training - Core & Competency Test

Based on interview and record review the facility failed to ensure that the administrator had passed the core training compentency test.

Findings:

A record review of the employee file for the Administrator revealed that the Administrator has taken the ALF Core Training Course in 2009, 2013 and 2014 but has not passed the exam. The last attempt was 4 months ago.
An interview was conducted with the Administrator/Owner on [redacted] at 11:03AM. She stated she tested 4 months ago and did not pass the exam.

Class III