AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968427	06/13/2016
NAME OF PROVIDER OR SUPPLIER **A LA MY LOVE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6821 DOVER CT** **TAMPA, FL 33634**	

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

0000 Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2016003782), was conducted at A La My Love ALF on . A La My Love ALF had deficiencies at the time of the investigation.

(License # 12340)

0008 Admissions - Health Assessment

Based on record review and interview, the health assessment for one of two residents sampled (#2) did not contain all required information.

Findings included:

A review of resident files during the investigation found that the health assessment for Resident #2 was missing the following:
a) the type/level of assistance required by the resident with respect to medication self-administration;
b) the address and telephone number of the examining health care professional; and
c) the date the health assessment was conducted.

Interview with the administrator at 12:15pm on provided no clarification for this discrepancy.

Class III

0093 Food Service - Dietary Standards

Based on interview and record review, the facility was not necessarily meeting the nutritional needs of seven of seven residents sampled (#2-8).

Findings included:

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968427	06/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A LA MY LOVE ALF	6821 DOVER CT TAMPA, FL 33634

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

During the investigation from between approximately 10am and 11:25am, as well as 1:10pm to 2pm, Residents #2-8 were interviewed and all stated that the food wasn't acceptable for at least two (2) reasons: a) throughout the week, the starch that was served at lunch time along with the protein was either rice or potatoes; and b) the protein served at this time most frequently was either chicken or pork, with hot dogs in third place. In addition, all residents indicated that no snacks were being offered at anytime by the facility, and whenever they had expressed their concerns to the administrator "nothing had been done."

A review of the facility's current menu approved / found a document that reflected this--rice and/or potatoes were on the lunch menu every single day of the week for the noon meal, while either chicken or pork made up the protein portion 5-6 days of the week. Interview with the administrator at 1:45pm on revealed that "she thought she had been addressing these dietary-related concern."

Class III

0167 Resident Contracts

Based on interview and record review, the facility had not offered a contract to three of three residents admitted within the past 2 weeks prior to the investigation (#6-8), nor did the contract itself fully comply with all requirements pursuant to Section 429.24, F.S. with respect to two of two resident agreements reviewed (#1; 2).

Finding included:

During interviews with Residents #6, 7, and 8 between 10:45am and 12:30pm on , all three stated that they had recently been admitted to the facility within the last few weeks. This was further verified in an interview with the administrator at 1:20pm, as well as review of the facility's admission and discharge log. These residents' contracts were requested but never furnished. According to the administrator during the same interview referred to above, she stated that "she was under the impression that she had up to 30 days to provide a resident with a formal residency agreement."

Review of the contracts for Resident #1 and #2 found documents that had problematic elements including the following:
a) under the admissions policy, the verbiage made reference to a different facility called, "A Caring ALF"

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968427	06/13/2016
NAME OF PROVIDER OR SUPPLIER **A LA MY LOVE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6821 DOVER CT** **TAMPA, FL 33634**	

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

regarding some of its definitions;
b) under the heading, Resident/Responsible party agree to: it included items pertaining to "A Caring ALF"; and
c) it stated that "A Caring ALF" is not a nursing home (which is NOT the correct name of the facility).

In addition to these inappropriate references, the contract for Resident #2 did not include the monthly rate she was being charged. Interview with the administrator provided no explanation for these discrepancies.

Class III

Z828 Administrative Fines: Violations

Based on observation and interview, the facility was functioning at over its licensed capacity of six (6) beds.

Findings included:

During the investigation, a tour conducted between approximately 10:00am and 11:25am found eight (8) residents. Interview with the designee at 9:45 am on revealed that "the census was seven (7) and that an additional resident was a day care client." However, during the facility tour, random interviews with several relatively alert and oriented residents indicated that this "day care resident" was not just a day care services recipient, and that he spent the night at the facility just like a permanent resident. Observation of this individual's a bed and dedicated counter top, table and dresser cabinet for this resident's personal belongings, making it clear that he/she lived there on a regular basis.

In an interview with the administrator at 11:45 am, she admitted to being over her licensed capacity by one (1), due to believing that "a resident whom she had attempted to discharge would be gone by early , 2016." The administrator provided no further clarification regarding the "day care client."

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR# 2016003782

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2016, 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 , 2016.** 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.

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

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

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,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

XG90