STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967370	08/03/2016
NAME OF PROVIDER OR SUPPLIER **LIVING WELL ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **21280 OLD CUTLER ROAD** **CUTLER BAY, FL 33189**	

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

0000 Initial Comments

A Standard Biennial survey was conducted on . Living Well ALF Corp, license number 10794, had deficiencies found at the time of the survey:

0081 Training - Staff In-Service

Based on record review and interview the facility did not ensure that two out of four sampled employees (Staff A and D) had received in-service training within 30 days of employment that covers resident elopement response policies and procedures.

Findings include:

Personnel record review conducted on at 1:50 PM showed that Staff A, administrator and Staff D, manager hired on / did not have documentation that they received in-service training within 30 days of employment that covers resident elopement response policies and procedures.

Interview conducted on at 4:05 PM, Staff A, administrator confirmed that there was no documentation that Staff A and D received in-service training that covers resident elopement response policies and procedures.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Living Well Alf Corp
21280 Old Cutler Road
Cutler Bay, FL 33189

Dear Administrator:

This letter reports the findings of a state licensure 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.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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