RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2016

Administrator
Always There Assisted Living, Llc
1321 Lakeview Dr
Inverness, FL 34450

RE: CCR #2016006100

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted], 2016 by representative(s) 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], 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 Chuck Bory at 386-462-6201.

Sincerely,

Charles Bory for

Kriste J. Mennella
Field Office Manager

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

KJM/CB
Enclosure
XG90

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966673	08/23/2016
NAME OF PROVIDER OR SUPPLIER **ALWAYS THERE ASSISTED LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1321 LAKEVIEW DR** **INVERNESS, FL 34450**	

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

0000 Initial Comments

A complaint investigation (CCR#2016006100) was conducted at Always There Assisted Living (License #11828) on , 2016. Always There Assisted Living had deficiencies at the time of the investigation.

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interview, the facility failed to report an incident of alleged to the Department of Children and Families (DCF) for 1 of 1 residents (Resident #1).

Findings:

A record review of the incident report, dated , was conducted on . It showed that Resident #1 stated that a facility staff person had hurt her arm. It further revealed the facility did not call and report the alleged to the Department of Children and Families.

An interview was conducted with the Administrator on on 10:46 AM. She stated she did not contact anyone regarding the incident because nothing happened.

Class III