STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967492	**12/21/2016**
NAME OF PROVIDER OR SUPPLIER **ALWAYS LOVING FAMILY CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **4394 SW 151 PLACE MIAMI, FL 33185**	

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

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview the facility failed to ensure that an employee subject to screening had not had a break in service from a position that requires an Eligible Level 2 background screening result for more than 90 days for 1 out of 4 sampled employees (Staff D).

Findings included:

Record review of Staff D revealed that the employee was hired on and her level II background screening was dated / /.

On / / at 10:45 am the facility owner stated, "Staff D worked at another ALF for a short time."

On / / at 10:47 am Staff D stated, "I worked at another ALF from of 2015 to 2016 because I went to work taking care of someone at a private house." Further record review and interview revealed that the employee was not working at a facility from 2016 to 2016.

Unclassified

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0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on 21, 2016. Always Loving Family Corp. (License # 11522) with Limited Mental Health component had deficiencies identified at the time of the survey:

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to provide documentation of the home health order for one out of 6 sampled residents (Resident # 4).

Findings included:

Record review revealed that Resident # 4 was receiving home health services for administration of SQ 40 units in the morning and 35 units in the evening and R twice a day as per sliding scale.

Review of resident # 4 record revealed that there was no documentation of the prescription for home health at the facility.

On / at 12:40 pm Staff C stated, " The prescription is not there. "

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview the facility failed to provide documentation of submitting an annual emergency plan for approval.

Findings included:

Record review revealed that the emergency plan available for review at the facility was approved on .

On / at 9:33 am the facility owner stated, " I sent the new emergency plan for approval a long time ago and they have not sent it back. I sent it at the end of the month of ."

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Always Loving Family Corp
4394 Sw 151 Place
Miami, FL 33185

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 , 2017.** 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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