STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922240	12/30/2016
NAME OF PROVIDER OR SUPPLIER **LOVING CARE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **870 7TH AVENUE NORTHEAST** **LARGO, FL 33770**	

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

0000 - Initial Comments

Assisted Living Facility

On 30, 2016, an abbreviated biennial relicensure survey was conducted at Loving Care ALF, Inc. Deficient practice was identified during the survey.

(License # 6146)

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, interview and record review, the facility did not maintain a staffing schedule dedicated to a 24-hour staffing pattern over a 2 week period.

Findings included:

Upon request at 1pm on , the administrator was unable to produce a current staff schedule for the facility. However, he was able to show time in and time out documentation, but this was cumbersome/confusing with respect to gleaning the required information (total care hours per week). During the survey, the administrator attempted to revise the document, but short regarding total hours required regarding his current census of six (6).

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and interview, two of two care giver staff sampled (B; C) who had been employed at least 30 days had no formal documentation verifying they had received the required training in the facility's policies/procedures regarding ( ).

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922240	**12/30/2016**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **870 7TH AVENUE NORTHEAST** **LARGO, FL 33770**	

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

Personnel file review during the 12/2016 survey revealed that neither Staff B nor C (hired / and , respectively), had any documented evidence that they had received training on the facility's policies and procedures concerning ( ) and advance directives. Interview with the administrator at 1:45pm on / indicated that "he had gone over these protocols with both employees but hadn't issued any official certificates for them."

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Loving Care ALF, Inc
870 7th Avenue Northeast
Largo, FL 33770

Dear Administrator:

This letter reports the findings of an abbreviated biennial 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr
Enclosure: State Form 5000-3547

XG90

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