

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967062	(X3) DATE SURVEY COMPLETED 11/02/2017
NAME OF PROVIDER OR SUPPLIER FULLNESS OF LOVE ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 3405 KNOLLS ROAD MIRAMAR, FL 33025	

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

0000 - Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on 11/ at Fullness of Love ALF, license # 1115. The facility had deficiencies at the time of the visit.

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on interview and record review, the facility failed to provide or arrange the following in-service training for the facility staff, for 2 of 3 sampled staff (Staff A and B).

The findings included:

On , a review of the employee record files revealed that the administrator failed to provide or arrange for the in-service for facility emergency evacuation procedures, including chain of command and staff rules relating to emergency evacuation.

On at 04:30 PM, an interview was conducted with the Administrator of the facility, whom acknowledged the findings.

Class

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, interview and record review, the facility failed to maintain required records readily available in the license's physical address for review by a legal authority entity. As evidence of the facility failure to provide the CEMP for review.

The findings included:

On at 02:30 PM a request was made for the County Emergency Management Plan (CEMP) with documentation for review and approval by the county emergency management agency. The request was made to the facility Manager and the Administrator until 04:47 PM. They were unable to provide the requested documentation.

On at 03:30 PM, the Administrator provided the copy of the application dated 2017. She stated she was informed by the agency, that there was a back log.

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Class Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS Based on observation, interview and record review, the facility failed to register with the clearing house and maintain the employment status within the clearing house. The facility failed to notify the clearing house of the initial employment status and any changes within 10 business days, for 3 of 4 Staff. (Staff B, Staff C and Staff D) On a review of the facility staffing schedule revealed Staff B and C as current employees. A review of the background clearing house revealed Staff B was hired , Staff C was hired on , neither were added to the clearing house roster list. It was also revealed Staff D that was terminated on , had not been removed from the clearing house roster list. On at 01:04 PM, an interview was conducted with the Administrator. She indicated she was not aware that she needed to update the Background Clearing House system for newly hired staff and terminated employees. Unclassified		