Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963963	A. BUILDING: _____ B. WING _____	01/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELES RESIDENTIAL, INC	6341 PALM AVENUE HIALEAH, FL 33012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Standard Biennial was conducted at Angeles Residential, Inc. on . A deficiency was identified at the time of the survey.	A 000		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.	A 054		

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A 054	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the residents' Medication Observation Record (MOR) included the name of the resident's health care provider and the health care provider's telephone number for four out six sampled residents (Residents #1, #2, #3, and #5). The facility also failed to update the MOR for one out of six residents (Resident #1). Findings included: Review of Resident #1's MOR showed no physician's name and physician's telephone number were listed. Further review of the MOR showed D CAP 50 000UI was given once per week at 08:00 AM. The facility last initialed the MOR on . Review of Resident #2's MOR showed no physician's name and physician's telephone number were listed . Review of Resident #3's MOR MOR showed no physician's name and physician's telephone number were listed. Review of Resident #5's MOR MOR showed no physician's name and physician's telephone number were listed. On at 02:30 PM, the administrator "It's the pharmacy who did not put the physician's name. I will call them and the physician to have it fix." Class III	A 054		

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