

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965248	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER HOME FOR ALL THE ANGELS CORP			STREET ADDRESS, CITY, STATE, ZIP CODE 9270 SW 42 TERRACE MIAMI, FL 33165		
(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 Limited Nursing Service (LNS) Monitoring visit survey was conducted at Home For All The Angels Corp, Assisted Living Facility on _____. There were deficiencies identified at the time of the visit under LNS component of the license.	A 000			
AN276	58A-5.031(1) FAC LNS - Nursing Services (1) NURSING SERVICES. A facility with a limited nursing license may provide the following nursing services in addition to any nursing service permitted under a standard license pursuant to Section 429.255, F.S. (a) Conducting passive range of motion exercises. (b) Applying ice caps or collars. (c) Applying heat, including dry heat, hot water bottle, heating _____, aquathermia, moist heat, hot compresses, sitz bath and hot soaks. (d) Cutting the toenails of _____ residents or residents with a documented _____ problem if the written approval of the resident's health care provider has been obtained. (e) Performing ear and eye irrigations. (f) Conducting a _____ dipstick test. (g) Replacement of an established self maintained indwelling _____, or performance of an intermittent _____. (h) Performing _____ stool removal therapies. (i) Applying and changing routine dressings that do not require packing or irrigation, but are for _____ and closed surgical wounds. (j) Care for _____ pressure sores. Care for _____ or 4 pressure sores are not permitted under this rule. (k) Caring for casts, braces and _____. Care for head braces, such as a _____ is not permitted	AN276			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6090

2V4011

If continuation sheet 1 of 5

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HOME FOR ALL THE ANGELS CORP

9270 SW 42 TERRACE
MIAMI, FL 33165(X4) ID
PREFIX
TAGSUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)ID
PREFIX
TAGPROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)(X5)
COMPLETE
DATE

AN276

Continued From page 1

under this rule.

(l) Conduct nursing assessments if conducted by a registered nurse or under the direct supervision of a registered nurse.

(m) For hospice patients, providing any nursing service permitted within the scope of the nurse's license including 24-hour nursing supervision.

(n) Assisting, applying, caring for and monitoring the application of anti-_____ stockings or hosiery as prescribed by the health care provider and in accordance with the manufacturers' guidelines.

(o) Administration and regulation of portable

(p) Applying, caring for and monitoring a transcutaneous electric nerve stimulator (TENS).

(q) _____ care and maintenance.

This Statute or Rule is not met as evidenced by: Based on file review and interview, facility failed to have policies and procedures for services provided under the component of Limited Nursing Services (LNS).

The findings include:

Review of file revealed that facility did not have policies and procedures on file for services provided under the component of LNS on _____ at 10:00 am.

Interview of administrator on _____ at 10:45 am and she stated that she did not know that they need policies and procedures for services provided under LNS, but they will develop them.

AN276

AN277

58A-5.031(2) FAC LNS - Resident Care Standards

AN277

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965248	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER HOME FOR ALL THE ANGELS CORP		STREET ADDRESS, CITY, STATE, ZIP CODE 9270 SW 42 TERRACE MIAMI, FL 33165		
(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
AN277	Continued From page 2 (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing license must meet the admission and continued residency criteria specified in Rule 58A-5.0181, F.A.C. (b) In accordance with Rule 58A-5.019, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care provider's order, a copy of which shall be maintained in the resident's file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who shall be available to provide such services as needed by residents. The facility shall maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on record review and interview facility failed to have an authorization from a health care provider (MD/PA/ARNP) to provide services under Limited Nursing Services (LNS) component and failed to maintain full documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files.	AN277		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965248	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2013
NAME OF PROVIDER OR SUPPLIER HOME FOR ALL THE ANGELS CORP		STREET ADDRESS, CITY, STATE, ZIP CODE 9270 SW 42 TERRACE MIAMI, FL 33165		
(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
AN277	Continued From page 3 Finding include: Resident record review for resident # 1 on 1/15/13 did not have an authorization from a health care provider (MD/PA/ARNP) to provide services under Limited Nursing Services component for nurse under LNS provide evening tube feeding and administered medicines via tube. Staff record review for registered nurse under contract with facility on 1/15/13 did not have job description, application and references. Nurse was interviewed on 1/15/13 at 10:31 am stated that she did not know that application was not on file. Administrator was interviewed on 1/15/13 at 10:45 am and she stated that she did not have on staff file the application or job description.	AN277		
AN278	58A-5.031(3) FAC LNS - Records (3) RECORDS. (a) A record of all residents receiving limited nursing services under this license and the type of service provided, shall be maintained. (b) Nursing progress notes shall be maintained for each resident who receives limited nursing services. (c) A nursing assessment conducted at least monthly shall be maintained on each resident who receives a limited nursing service. This Statute or Rule is not met as evidenced by: Based on record review and interview facility	AN278		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965248	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER HOME FOR ALL THE ANGELS CORP		STREET ADDRESS, CITY, STATE, ZIP CODE 9270 SW 42 TERRACE MIAMI, FL 33165		
(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
AN278	Continued From page 4 failed to have a record for resident receiving Limited Nursing Services (LNS) under this license, the nursing progress notes for resident receiving LNS and nursing assessment conducted at least monthly for resident receiving LNS. Findings include: Record review on 1/1/13 facility did not have a record, nursing progress notes and nursing assessment at least monthly for resident #1 who has NG tube and is receiving NG tube feeding every evening at 7pm by LNS nurse. Administrator was interviewed on 1/1/13 at 1035 am stated that she did not know that facility needs to have for LNS a resident record, nursing progress notes and nursing assessment at least monthly when a resident is receiving services under LNS.	AN278		



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Home For All The Angels Corp
9270 Sw 42 Terrace
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a state Limited Nursing Services (LNS) Monitoring survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (3020) 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.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

