STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910805	07/02/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Caring Angels	6405 40th Avenue, North Saint Petersburg, FL 33709	

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

List of Tags Cited:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013006762, was conducted on .

The Caring Angels, assisted living facility, had deficiencies at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, interview and record review, the facility deprived six of six sampled residents (Residents #1-6) of their right to live in a safe and decent living environment by failing to insure the facility was clean, free of hazards and free of pests (German roaches and bedbugs.)

Findings include:

On . at approximately 3:45 p.m., the surveyor interviewed an adult protective investigator from the Department of Children and Families. The adult protective investigator stated that when she was at the facility on she saw small brown live bugs in two of the on the sheets and mattress and believed they were bedbugs. She also stated that two of the residents reported being bitten by bedbugs.

During a tour of the facility conducted on from approximately 9:00-9:55 a.m., the surveyor made the following observations: the facility had a strong musty odor. There were multiple flies observed in the kitchen and dining area. The garbage in the kitchen was full and overflowing. (belonging to Resident #1) smelled strongly of (belonging to Resident #6) had brownish reddish stains on the sheets and the pillow. (belonging to Resident #2) had dark brown reddish stains on top of the mattress. The from and had part of the flooring ripped out and a section of the floor had no tile or covering. Loose pieces of tile were scattered on the (previously used by Resident #6) had the carpet pulled up and no furniture in the . Dark brown trails of residue were observed on the baseboards and walls.

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On that same date when interviewed at approximately 9:05 a.m., Resident #1 said he believed the facility had bedbugs and said that over the last several months, he'd been bitten while sleeping.

On that same date when interviewed at 10:15 a.m., Employee A stated pest control had recently been to the facility to treat an infestation of roaches. Employee A also said he believed the facility had bedbugs for approximately six months, especially in . . . . . Employee A stated that Resident #6 had been moved to a different . . . . . Employee A got rid of the furniture and carpet from . . . . . .

On , the surveyor reviewed a report from an inspection conducted by the local county health department on . . . . . The inspection was "unsatisfactory" and indicated there were violations regarding an infestation of German roaches in the facility and "numerous cleaning issues" in the facility.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and interview, the facility failed to keep centrally stored medications belonging to six of six sampled residents (Residents #1-6) in a locked cabinet, thus increasing the risk of medications being diverted or taken by the wrong resident.

Findings include:

During a tour of the facility conducted on at approximately 9:40 a.m., the surveyor noted that there was a file cabinet in the office of the facility. The file cabinet had a lock on it. The lock was unlocked with the key still in the lock. The top drawer of the cabinet was partway open. There were medications observed in the drawer. There was also a bottle of medication on top of the file cabinet. The bottle had Resident #4's name on the bottle.

When interviewed that same date at approximately 10:40 AM, Employee A acknowledged the findings and stated he forgot to lock the medication cabinet.

Class III

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

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation, interview and record review, Caring Angels did not provide a clean, safe environment, free of pests (roaches and bedbugs) for six of six sampled residents (Residents #1-6) and failed to insure the residents had clean bedding, free of tears and stains.

Findings include:

During a tour of the facility conducted on from approximately 9:00-9:55 a.m., the surveyor made the following observations: the facility had a strong musty odor. There were multiple flies observed in the kitchen and dining area. The garbage in the kitchen was full and overflowing. (belonging to Resident #1) smelled strongly of (belonging to Resident #6) had brownish reddish stains on the sheets and the pillow. (belonging to Resident #2) had dark brown reddish stains on top of the mattress. The from and had part of the flooring ripped out and a section of the floor had no tile or covering. Loose pieces of tile were scattered on the (previously used by Resident #6) had the carpet pulled up and no furniture in the . Dark brown trails of residue were observed on the baseboards and walls.

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Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Caring Angels
6405 40th Avenue, North
Saint Petersburg, FL 33709

Dear Administrator:

Re: **CCR# 2013006762**

This letter reports the findings of a complaint survey that was conducted on , 2013, by a representative 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. Staff from this office will conduct a review 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. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
For Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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