| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966115 | 06/11/2013 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Angels Forever, Inc | 7201 Sw 142 Avenue Miami, FL 33183 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0009 - 58a-5.0181(3) Fac - Admissions - Admission Package S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - / S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0086 - 58a-5.0191(9) Fac - Training - Adrd S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0121 - 58a-5.021(2) Fac - Fiscal - Accounting Procedures S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D
St - A - Z806 - 59a-35.040, Fac - Change Of Address S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

**Specific Tag Findings:**

**0000-Initial Comments**

A Standard Survey was conducted on , 2013 at Angels Forever, Inc. The following deficiencies were identified under Complaint (CCR# 2013006170) and place under the Standard survey.

**0007-Admissions - Criteria 58A-5.0181(1) FAC**

Based on record review and interview the facility administrator failed to inform 7 out of 9 (#1, 2, 3, 5, 6, 7, and 9) sampled residents that unlicensed staff will be providing assistance with self-administration the and obtain the resident ' s or the resident ' s surrogate, guardian, or attorney-in-fact ' s written informed consent.

Findings include:

Medpass observation was done on / at 8:17 a.m. for resident#1, resident #2, resident #3, and resident #5. The administrator (staff A) bought a pitcher of water and cups to dining table after resident had breakfast. She puts on gloves and identifies each resident. She advised the residents what medication they are taking and punches it into their hand. The resident swallows the medication and then drinks some water.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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| | AL11966115 | 06/11/2013 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Angels Forever, Inc | 7201 Sw 142 Avenue Miami, FL 33183 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

Resident ' s (#6, #7, and #9 ) were observed and given medications in their by the both caregivers (staff B & C). The same procedure was followed and then the medication book was initialed.

Resident record review for resident's #1, 3, and 9 did not have an admission file available for review. 'Resident's #2, 5, and 6 informed consent for medication were blank and not completed. Resident's #7 does not have a consent form in her file.

These seven residents are receiving & require medication assistance by staff of the facility.

The administrator acknowledge on at 11:30 a.m. that herself and the staff provide medication assistance to all the residents. When asked why are the files incomplete and why resident #1, 3, and 9 had no files? She stated, " I think the lady I hired for a short time stole the books. "

Class III

**0008-Admissions - Health Assessment 58A-5.0181(2) FAC**

Based on observations, record review , and interview the facility failed to have a medical examination completed within 60 calendar days prior to the individual ' s admission to a facility for 3 out of 9 (#1, 3, & 9) and a medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date for 6 out of 9 (#2, 4, 5, 6, 7, & 8) sampled residents.

Findings include:

Record review completed on at 11:30 a.m. of the facility files of the resident record for R#1 had no files available for review and was not listed on the admission and discharge log.

Record review of R#2's file contained a health assessment signed & dated on . It did not have any height, weight, and ADL ' s were not listed on form. The informed consent for unlicensed staff to assist with medications was not signed or dated.

Record review of R#3's file had no files available for review and was not listed on the admission and discharge log.

Record review of R#4's file contained an incomplete health assessment dated was missing the ADL ' s & page 5 did not have the administrator ' s date & signature. She did not have and the & Advance Directive policies & procedures in admission file.

Record review of R#5's file contained the admission package with no signature or dates, a blank demographic sheet, contract not signed or dated, and an unsigned and dated informed consent for unlicensed staff to assist with medications. The Mental Health forms are blank.

Record review of R #6's file contained an incomplete health assessment which is missing the height, weight, the ADL ' s and page 5 did not have the administrator ' s date & signature. The agreement is not signed and dated. There is a blank demographic sheet, informed consent for medications, and admission file is blank.

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Record review of R#7 has an incomplete health assessment which is missing the , height, weight, the ADL ' s and page 5 did not have the administrator ' s date & signature. The agreement is not signed and dated. There is a blank demographic sheet, informed consent for medications, and the ½ consent is blank. There is no order available for ½ rails.

Record review of R#8 was admitted and has no health assessment on file. Her daughter signed the admission package but there is no power of attorney paperwork available. The admission file has no & Advance Directive policies & procedures available.

Record review of R#9 has no file and is not on the admission and discharge log.

The administrator was asked on / at 11:30 a.m. why the files are incomplete and why resident #1, 3, and 9 had no files. She stated, " I think the lady I hired for a short time stole the books. "

Class III

**0009-Admissions - Admission Package 58A-5.0181(3) FAC**

Based on record review and interview the facility failed to ensure 6 out of 9 (#1, 3, 4, 5, 6, 7, 8, and 9) have a completed admission package.

Findings include:

Record review on / found the facility was unable to provide any documentation for resident #1, 3 and 9. They did not have a file available for review.

Resident #4 admission package was missing the policies concerning & elopement.

Resident #5 admission package contained a blank demographic sheet, contract, and no policies concerning & elopement.

Resident #6 admission package did not have a contract with no signature or date, a blank demographic sheet and an informed consent for unlicensed staff to assist with medications which was not signed.

Resident #7 admission package was contain no informed consent for unlicensed staff to assist with medications.

Resident #8 admission package was missing the policies concerning & elopement.

The administrator was asked on at 11:30 a.m. why the files are incomplete and why resident #1, 3, and 9 had no files. She stated, " I think the lady I hired for a short time stole the books. "

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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| | AL11966115 | 06/11/2013 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
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SUMMARY STATEMENT OF DEFICIENCIES
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**0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS**

Based on observations, record review, and interview the facility failed to ensure the use of physical shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative for 1 out of 9 (#7) sampled resident and facility failure to comply with resident rights to provide privacy for 1 out of 9 (#4).

Findings include:

Observations made on / at 7:00 a.m. of # has two beds for R#7( , in bed with ½ rails on the bed) & R#2. # with " Employee Only " sign above door has three beds for resident #8 (sitting on bed), R#3 and R #4. Both residents are sitting in the living . There is a commode in the door & there is no privacy curtain available for the use of commode.

Record review of R#2's file contained no consent form and no orders for 1/2 bed rails on record available.

Interview with administrator on / at 3:30 p.m. stated "I don't have the consent and the order. I will have to contact the family and doctor for the consents and orders." "I don't have any as privacy for commode in # ."

Class III

**0054-Medication - Records 58A-5.0185(5) FAC**

Based on observations, record review and interview the facility failed to maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications and include the name of the resident and any known the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors for 3 out of 9 (#1, 3, 8, and 9) sampled residents.

Findings include:

Tour the kitchen and medication cabinets were found unlocked. The one on the left contained over the counter drugs. There is two drugs with R#1 & 9 names listed on Nutrimas Plus ELZ in cabinet. The one on the right contain medications for residents (#1, 4, 5, 7, and 8). The kitchen appliances are in working order and the menu is posted on the refrigerator and dated for – & menu expires on . Inside on the refrigerator door is medications Lantus 100 units/ml and 2 bottles of Blink tear drops for R#7. They were not locked in a locked box. Tour conducted of the laundry area contained two bins of medications found sitting on top of dryer.

Bin #1 for R#1 contains medications: AM & PM meds: Quentiapine 100mg tab; 50mg tab; 5 mg tab; DR 20 mg cap; 0/4 mg cap; 150 mg tab; 10 mg Sup; 10 mg Sup; 10 gm/15 ml Sol

Bin #2 for R#3 contains medications: AM & PM med's: 150 mg; 100 mg; 3 mg; 150 mg; 1 mg; 50 mg;

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| | AL11966115 | 06/11/2013 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Angels Forever, Inc | 7201 Sw 142 Avenue Miami, FL 33183 | |

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

There is no medication log available for review resident #8.

On her dresser is all of her unlocked medication for the AM & PM. She shares R#5 (in ).

#_ has two beds and on the dresser in her a jar of Silver crème & Mupricin Ointment 2% for R #2.

Record review of the Medication Administration Record (MAR) sheet for resident #1 and 8 did not have his name, any the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication.

Record review for resident ' s #1, 3, and 9 had no MAR available for review.

Interview with administrator on / at 11:45 a.m. acknowledge she did not complete the medication sheets for resident #1 and 8.

Class III

**0055-Medication - Storage and Disposal 58A-5.0185(6) FAC**

Based on observation and interview the facility failed to ensure that medications were kept in a locked receptacle and failed to ensure refrigerated medications were secured by being kept in a locked container within the refrigerator for 5 out of 9 (#1, 2, 3, 5, and 7) sampled residents.

Findings include:

Tour the kitchen and medication cabinets were found unlocked. The one on the left contained over the counter drugs. There is two drugs with R#1 & 9 names listed on Nutrimas Plus ELZ in cabinet. The one on the right contain medications for residents (#1, 4, 5, 7, and 8). The kitchen appliances are in working order and the menu is posted on the refrigerator and dated for & menu expires on . Inside on the refrigerator door is medications Lantus 100 units/ml and 2 bottles of Blink tear drops for R#7. They were not locked in a locked box. Tour conducted of the laundry area contained two bins of medications found sitting on top of dryer.

Bin #1 for R#1 contains medications: AM & PM meds: Quentiapine 100mg tab; 50mg tab; 5 mg tab; DR 20 mg cap; 0/4 mg cap; 150 mg tab; 10 mg Sup; 10 mg Sup; 10 gm/15 ml Sol

Bin #2 for R#3 contains medications: AM & PM med's: 150 mg; 100 mg; 3 mg; 150 mg; 1 mg; 50 mg;

On her dresser is all of her unlocked medication for the AM & PM. She shares R#5 (in ).

#_ has two beds and on the dresser in her a jar of Silver crème & Mupricin Ointment 2% for R #2.

Interview with administrator on / at 11:45 a.m. acknowledge she did not complete the medication sheets

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966115 | 06/11/2013 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Angels Forever, Inc | 7201 Sw 142 Avenue Miami, FL 33183 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

for resident #1 and 8.

Class III

**0078-Staffing Standards - Staff 58A-5.019(2) FAC**

Based on observations, record review and interview the facility failed to ensure newly hired staff shall have 30 days to submit a statement from a health care provider for 1 out of 4 (#3) sampled staff .

Findings include:

Observations made on / at 7:00 a.m. staff #B and C was observed assisting residents #6 with morning care. Resident #7 with transferring and ambulating to the . Staff #B and C were observed assisting R#7 with eating. Resident ' s (#6, #7, and #9) were observed and given medications in their by the both staff #B and C.

Facility's record review on / for staff C's file were not available for review. Staff #C is listed on the employee schedule for the entire month of and .

Interview with administrator on 2013 at 1:00 p.m. stated she did not have a file for staff #C.

Class III

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

Based on observations, record review and interview facility administrator failed to provide or arrange for the following in-service training to 1 out of 5 (#C) direct care staff.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
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| Angels Forever, Inc | 7201 Sw 142 Avenue Miami, FL 33183 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

Findings include:

Observations made on / at 7:00 a.m. staff #B and C was observed assisting residents #6 with morning care. Resident #7 with transferring and ambulating to the . Staff #B and C were observed assisting R#7 with eating. Resident ' s (#6, #7, and #9) were observed and given medications in their by the both staff #B and C.

Record review on , 2013 for sampled staff #C (hired date unknown) who provides direct care to residents was unable to provide any documentation to prove in-service training's in the following:

Staff #C did not have documentation verifying training's for control, including universal precautions, and facility sanitation procedures before providing personal care to residents, reporting major incidents, reporting adverse incidents, facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, resident rights in an assisted living facility, recognizing and reporting resident , neglect, and , elopement response policies and procedures within thirty (30) days of employment, resident behavior and needs, providing assistance with the activities of daily living, and safe food handling practices.

Facility's record review on / for staff C's file were not available for review.

Facility's record review on / for staff C's file were not available for review. Staff #C is listed on the employee schedule for the entire month of and .

Interview with administrator on 2013 at 1:00 p.m. stated she did not have a file for staff #C.

Class III

0082-Training - / 58A-5.0191(3) FAC

Based on observations, record review and interview the facility administrator failed to ensure that 1 out of 5 (#C) sampled staff receive the required / training within 30 days of employment.

Findings include:

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966115 | 06/11/2013 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Angels Forever, Inc | 7201 Sw 142 Avenue Miami, FL 33183 | |

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

Observations made on / at 7:00 a.m. staff #B and C was observed assisting residents #6 with morning care. Resident #7 with transferring and ambulating to the . Staff #B and C were observed assisting R#7 with eating. Resident ' s (#6, #7, and #9) were observed and given medications in their by the both staff #B and C.

Record review revealed that staff #C (hire date unknown) did not have any documentation of having / training within 30 days of employment.

Facility's record review on / for staff C's file were not available for review.

Facility's record review on / for staff C's file were not available for review. Staff #C is listed on the employee schedule for the entire month of and .

Interview with administrator on 2013 at 1:00 p.m. stated she did not have a file for staff #C.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on observations, record review and interview the facility failed to ensure 1 out of 5 (#C) sampled staff have the initial 4 hour training training on providing assistance with self-administered medications.

Findings include:

Observations made on / at 7:00 a.m. staff #B and C was observed assisting residents #6 with morning care. Resident #7 with transferring and ambulating to the . Staff #B and C were observed assisting R#7 with eating. Resident ' s (#6, #7, and #9) were observed and given medications in their by the both staff #B and C.

Record review on / for sampled staff #C (hire date unknown) had no documentation that he received the initial 4 hour training on providing assistance with self-administered medications and safe medication practices in an ALF.

Facility's record review on / for staff C's file were not available for review.

Facility's record review on / for staff C's file were not available for review. Staff #C is listed on the employee schedule for the entire month of and .

Interview with administrator on 2013 at 1:00 p.m. stated she did not have a file for staff #C.

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| | AL11966115 | 06/11/2013 |
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| Angels Forever, Inc | 7201 Sw 142 Avenue Miami, FL 33183 | |
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Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on observations, record review and interview the administrator failed to ensure 1 out 5(#C) sampled staff responsible for the facility ' s food service and the day-to-day supervision of food service staff obtain annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Findings include:

Observations made on I/ at 7:00 a.m. staff #B and C was observed assisting residents #6 with morning care. Resident #7 with transferring and ambulating to the . Staff #B and C were observed assisting R#7 with eating. Resident ' s (#6, #7, and #9) were observed and given medications in their by the both staff #B and C.

Record review of staff #C's contained no documentation of nutrition and food service training in he file.

Facility's record review on for staff C's file were not available for review.

Facility's record review on I/ for staff C's file were not available for review. Staff #C is listed on the employee schedule for the entire month of and .

Interview with administrator on I 2013 at 1:00 p.m. stated she did not have a file for staff #C.

Class III

0086-Training - ADRD 58A-5.0191(9) FAC

Based on observations, record review and interview, the facility failed to ensure that 1 out of 5 (#C) sampled staff who provide direct care to residents maintained valid documentation that shows the completion of ' s

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|---|---|---|
| | AL11966115 | 06/11/2013 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Angels Forever, Inc | 7201 Sw 142 Avenue Miami, FL 33183 | |

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

and related (ADRD) training.

Findings include:

Observations made on I/ at 7:00 a.m. staff #B and C was observed assisting residents #6 with morning care. Resident #7 with transferring and ambulating to the . Staff #B and C were observed assisting R#7 with eating. Resident ' s (#6, #7, and #9) were observed and given medications in their by the both staff #B and C.

Record review for staff #C (hire date unknown) found no documentation she completed ADRD training.

Facility's record review on I/ for staff C's file were not available for review.

Facility's record review on I/ for staff C's file were not available for review. Staff #C is listed on the employee schedule for the entire month of and .

Interview with administrator on at 1:00 p.m. stated she did not have a file for staff #C.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on observations, record review and interview the facility failed to ensure that 1 out of 5 (#C) sampled staff members received ( ) training.

Findings include:

Observations made on I/ at 7:00 a.m. staff #B and C was observed assisting residents #6 with morning care. Resident #7 with transferring and ambulating to the . Staff #B and C were observed assisting R#7 with eating. Resident ' s (#6, #7, and #9) were observed and given medications in their by the both staff #B and C.

Record review revealed that staff #C (hire date unknown) did not have any documentation of completing at least one hour of training within 30 days of employment.

Facility's record review on for staff C's file were not available for review.

Facility's record review on I/ for staff C's file were not available for review. Staff #C is listed on the employee schedule for the entire month of and .

Interview with administrator on I 2013 at 1:00 p.m. stated she did not have a file for staff #C.

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Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observations and interview the facility failed to maintain a 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times.

Findings include:

Observations made on / at 7:00 a.m. of tour the emergency food closet. It contained a few cans of fruit, and vegetable, no starch and milk. It does not have enough emergency food for 6 or more residents. After tour has been completed there are a total of 9 residents residing in the facility.

Interview with administrator staff #C acknowledged on / at 2:30 p.m. they do not have a sufficient amount of emergency food available for 9 residents and were going to purchase some today.

Class: III

0121-Fiscal - Accounting Procedures 58A-5.021(2) FAC

Based on record review and interview the assisted living facility failed to have written business records accurately documenting resident income and facility expenses.

Findings include:

Record review on / found that the facility's last completed income and expense record was 2012. The facility has the income and expense records for the months of and 2013. It did not have completed income and expense records for the months of , , , and .

Record review found that the facility's resident account log for residents (#1, 2, 3, 4, 5, 6, 7, 8 and 9) were not documented for income and the facility did not have supporting documentation regarding the residents' expenses.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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| | AL11966115 | 06/11/2013 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
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Interview with the administrator staff #C on [illegible] at 2:35 p.m. acknowledge she did not have completed financial records.

Class III

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

Based on observations, record review, and interview the facility failed to have an up to date admission and discharge log.

Findings include:

Observations made on [illegible] at 7:00 a.m. completing a tour of the facility found residents #1, 2, 3, and 4 in living [illegible] watching television.

[illegible] #[illegible] contains two beds for R#9 (in bed) & R#1 (sitting in living [illegible]). [illegible] #[illegible] has two beds for R#6 (in bed) (Vitas with full rails on bed) and R#5 (in [illegible]).

[illegible] #[illegible] has two beds for R#7 ([illegible], in bed with ½ rails on the bed) and R#2 who is being assisted with toileting by staff #C. [illegible] #[illegible] with " Employee Only " sign above door has three beds for R#8(sitting on bed), R#3 and 4.

After tour has been completed there are a total of 9 residents residing in the facility. They are all receiving medication & contain personal belonging in the [illegible].

Review of admission and discharge contain 6 residents listed & 3 not listed on the log. The license posted on wall stated the facility is licensed for 6 residents only.

Interview with administrator staff A on [illegible] at 7:40 a.m. stated, " Resident #1 & #3) are from another ALF. They do not live here, and then stated they are daycare residents. When asked for their daycare file or files of any kind it was not available for review. Administrator claims the lady she hired for short time & let go stole the file and the locked box that was in the refrigerator. She says resident #9, "He used to be my employee & got sick with [illegible]. He has no family & I had an extra bed. " Administrator finally admitted she had no records available for these residents.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on observations, record review and interview the facility failed to have a completed record for 1 out of 5

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966115 | 06/11/2013 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Angels Forever, Inc | 7201 Sw 142 Avenue Miami, FL 33183 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

(#C) which include a completed application, training, and a copy of a completed background screening.

Findings include:

Observations made on :/ . at 7:00 a.m. staff #B and C was observed assisting residents #6 with morning care. Resident #7 with transferring and ambulating to the . Staff #B and C were observed assisting R#7 with eating. Resident ' s (#6, #7, and #9) were observed and given medications in their by the both staff #B and C.

Record review found that staff #C did not have a completed application with references, no physical examination, no staff required training's, a completed level 2 background screening, and First Aid and training.

Facility's record review on :/ . for staff C's file were not available for review. Staff #C is listed on the employee schedule for the entire month of and .

Interview with administrator on 2013 at 1:00 p.m. stated she did not have a file for staff #C.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review, and interview the facility failed to maintain resident records on the premises for 8 out of 9 (#1, 3, 4, 5, 6, 7, 8, and 9) sampled residents.

Findings include:

Record review completed on :/ . at 11:30 a.m. of the facility files of the resident record for R#1 had no files available for review and was not listed on the admission and discharge log.

Record review of R#2's file contained a health assessment signed & dated on . It did not have any ', height, weight, and ADL ' s were not listed on form. The informed consent for unlicensed staff to assist with medications was not signed or dated.

Record review of R#3's file had no files available for review and was not listed on the admission and discharge log.

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Record review of R#4's file contained an incomplete health assessment dated was missing the ADL ' s & page 5 did not have the administrator ' s date & signature. She did not have and the & Advance Directive policies & procedures in admission file.

Record review of R#5's file contained the admission package with no signature or dates, a blank demographic sheet, contract not signed or dated, and an unsigned and dated informed consent for unlicensed staff to assist with medications. The Mental Health forms are blank.

Record review of R #6's file contained an incomplete health assessment which is missing the height, weight, the ADL ' s and page 5 did not have the administrator ' s date & signature. The agreement is not signed and dated. There is a blank demographic sheet, informed consent for medications, and admission file is blank.

Record review of R#7 has an incomplete health assessment which is missing the , height, weight, the ADL ' s and page 5 did not have the administrator ' s date & signature. The agreement is not signed and dated. There is a blank demographic sheet, informed consent for medications, and the ½ consent is blank. There is no order available for ½ rails.

Record review of R#8 was admitted and has no health assessment on file. Her daughter signed the admission package but there is no power of attorney paperwork available. The admission file has no & Advance Directive policies & procedures available.

Record review of R#9 has no file and is not on the admission and discharge log.

The administrator was asked on 1/ at 11:30 a.m. why the files are incomplete and why resident #1, 3, and 9 had no files. She stated, " I think the lady I hired for a short time stole the books. "

Class III

0167-Resident Contracts 58A-5.025(1) FAC

Based on record review and interview the facility failed to have an executed contract for 5 out of 9 (#1, 3, 5, 6, and 9) sampled residents at the time of admission.

Findings include:

Record review on 1/ found the facility was unable to provide any documentation for resident #1, 3 and 9.

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
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They did not have a file available for review.

Resident #5 admission package contained a blank demographic sheet, contract, and no policies concerning & elopement.

Resident #6 admission package did not have a contract with no signature or date, a blank demographic sheet and an informed consent for unlicensed staff to assist with medications which was not signed.

The administrator was asked on at 11:30 a.m. why the files are incomplete and why resident #1, 3, and 9 had no files. She stated, " I think the lady I hired for a short time stole the books. "

Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview the facility failed to maintain an up-to-date admission and discharge log containing the names and dates of admission and discharge for all mental health residents and ensure the Limited Mental Health forms are completed annually for 6 out of 6 (#2, 3, 4, 5, 6, and #7) sampled residents.

Findings include:

The administrator stated at 3:20 p.m. residents #2, 3, 4, 5, 6, and 7 are all mental health residents.

Record review on of the admission and discharge log does not identify any residents as receiving limited mental health services. There were no mental health forms available for review for R#2, 3, 4, 6, and 7's. Resident #5's file contained blank Limited Mental Health forms.

Interview with administrator on at 3:30 p.m. stated the doctor has the forms and she has to go pick them up.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on observations, record review and interview the facility failed ensure 2 out of 5 facility ' s staff (#B and C) failed to obtain 6 hours training in relations to Mental Health .

Findings include:

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

Observations made on / at 7:00 a.m. staff #B and C was observed assisting residents #6 with morning care. Resident #7 with transferring and ambulating to the . Staff #B and C were observed assisting R#7 with eating. Resident ' s (#6, #7, and #9) were observed and given medications in their by the both staff #B and C.

Record review for staff #B was hired on / did not have documentation verifing she completed the initial 6 hours LMH training. She completed the 3 hours on . There were no training available for review for staff #C (hire date unknown).

Staff #C is listed on the employee schedule for the entire month of and .

Interview with administrator on 2013 at 1:00 p.m. stated she did not have a file for staff #C. Staff A acknowledge she does not have the LMH training for staff B.

Class III

Z806-Change of Address 59A-35.040, FAC

Based on observations, record review, and interview the assisted living facility failed to submit to the Agency 60 to 120 days in advance a request modify the licensed capacity. The facility exceeded the licensed capacity of 6 beds.

Findings include:

Arrived at facility on . . / . at 7:00 a.m. After greeting residents #1, 2, 3, & 4 in living watching television. There is two drugs with resident's #1 & 9 has Nutrimas Plus ELZ in cabinet. The one on the right contain medications for residents #2,4, 5, 7, & 8. Inside on the refrigerator door is medications Lantus 100 units/ml and 2 bottles of Blink tear drops for resident #7. They were not locked in a locked box. Tour conducted of the laundry area contained two bins of medications found sitting on top of dryer.

Bin #1 for resident #1 contains medications: AM & PM meds: Quentiapine 100mg tab; 50mg tab; 5mg tab; DR 20mg cap; 0/4mg cap; 150 mg tab; 10 mg Sup; 10 mg Sup; 10 gm/15 ml Sol

Bin #2 for resident #3 contains medications: AM & PM meds: 150 mg; 100 mg; 3 mg; 150 mg; 1 mg; 50 mg;

There is no medication log available for review resident #8. Continued to tour the emergency food closet. It does not have enough emergency food for 6 or more residents. There is a storage closet next to it with cleaning supplies and an exit to backyard.

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Tour the living area again and to living has an office area set up and a bed. This has a sign on door which says, " Staff " # contains two beds for resident #8 (in bed) & resident #1 (sitting in living ). There is a the grab bars in tub and near toilet. On the north side of house is # . This two beds for resident #6 (in bed) (Vitas with full rails on bed). On her dresser is all of her unlocked medication for the AM & PM. She shares resident #5 (in ).

# has two beds for resident #7 ( in bed with ½ rails on the bed) & resident #2. On the dresser in her a jar of Silver crème & Mupricin Ointment 2% for Bertha. Across from resident #5 being assisted with toileting by caretaker staff C.

# with " Employee Only " sign above door has three beds for resident #8 (sitting on bed), resident #3 and #4. Both residents are sitting in the living . There is a commode in the door & there is no privacy available for the use of commode.

After tour has been completed there is a total of 9 residents residing in the facility. They are all receiving medication & contain personal belonging in the .

Review of admission and discharge contain 6 residents listed & 3 not listed on the log. The license posted on wall stated the facility is licensed for 6 residents only.

Interview with administrator (staff A) on at 7:40 a.m. stated, " Resident #1 & #3 are from another ALF. They do not live here, and then stated they are daycare residents. When asked for their daycare file or files of any kind it was not available for review. Administrator claims the lady she hired for short time & let go stole the file and the locked box that was in the refrigerator. She says (resident #9) " He used to be my employee & got sick with . He has no family & I had an extra bed. " Administrator finally admitted she had no records available for these residents.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on record review and interview the facility failed to provide evidence of FDLE Level II background screening for 1 out of 5 (#E)sampled staff.

Findings include:

Observations made on at 7:00 a.m. of staffing schedule posted on wall staff #E was listed.

Record review was conducted for staff #E (hired ) background screening indicated the "New Screening Required".

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Interview was conducted with administrator on . . . /. . at 4:45 p.m. stated, " I did the background screening and this is the results I got for her."

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Angels Forever, Inc
7201 Sw 142 Avenue
Miami, FL 33183

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 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.

***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

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121