STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966115	09/12/2013
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)		

Revisit Corrected Tags:
0007-Admissions - Criteria-09/12/2013
0008-Admissions - Health Assessment-09/12/2013
0009-Admissions - Admission Package-09/12/2013
0030-Resident Care - Rights & Facility Procedures-09/12/2013
0054-Medication - Records-09/12/2013
0055-Medication - Storage And Disposal-09/12/2013
0078-Staffing Standards - Staff-09/12/2013
0081-Training - Staff In-Service-09/12/2013
0082-Training - Hiv/aids-09/12/2013
0084-Training - Assis Self-Admin Meds & Med Mgmt-09/12/2013
0085-Training - Nutrition & Food Service-09/12/2013
0086-Training - Adrd-09/12/2013
0090-Training - Do Not Resuscitate Orders-09/12/2013
0093-Food Service - Dietary Standards-09/12/2013
0121-Fiscal - Accounting Procedures-09/12/2013
0160-Records - Facility-09/12/2013
0161-Records - Staff-09/12/2013
0162-Records - Resident-09/12/2013
0167-Resident Contracts-09/12/2013
L241-Lmh - Records-09/12/2013
L243-Lmh - Training-09/12/2013
Z806-Change Of Address-09/12/2013
Z815-Background Screening; Prohibited Offenses-09/12/2013

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An unannounced Follow up to a Standard Biennial Licensure Survey was conducted on 9-12-13 in your Assisted Living Facility. Angels Forever INC, had no deficiencies found at the time of th survey.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 3, 2013

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on September 12, 2013 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

DT9D

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