STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910805	01/27/2014
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 - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on .

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

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

Based on interviews, observations and record reviews, the facility failed to serve a therapeutic diet to 1 of 1 residents sampled (Resident #1) who was prescribed a therapeutic diet.

Findings include:

Based on a review of the Health Assessment Form 1823 at approximately 11:30 a. m. on , it was revealed that Resident #1 is an dependent with additional diagnoses of and (HTN). The diet order on the 1823 reads as well as low with fluid restriction to 1500 ml daily. The administrator and Staff #1 were interviewed at approximately 12:30 p.m. and stated that they do not serve this type of diet. Th current menu was reviewed and it did not contain any instructions for a diet. The administrator and Staff #1 also stated that they were not aware of Resident #1's need for fluid restrictions .

Resident #1 was interviewed at 10:50 a.m. on and stated that he is not on a special diet. When asked if his sugars are within normal limits, he stated yes.

The administrator stated that he would contact the physician to determine whether or not this resident needs a special diet since he is maintaining good health with a regular diet.

Class III

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

Based on record reviews and interviews, the facility failed to maintain semi-annual weights for those residents requiring assistance with activities of daily living (1 of 2 resident records reviewed).

A review of the resident record of Resident #2 revealed a weight taken on . The resident weighed 98 pounds. The next documented weight record found revealed a weight of 160 pounds in 2014. The resident is regularly seen at the Veteran'sAdministration and there have been no concerns related to the weight gain. On admission, the resident was

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910805	**01/27/2014**
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)		

quite frail and was in need of gaining weight.

An interview with the administrator, at approximately 2:00 p.m. revealed that they do weigh the residents semi-annually, but he could not find documented evidence.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on . 2014, 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161