

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/10/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910805	(X3) DATE SURVEY COMPLETED 01/27/2014
NAME OF PROVIDER OR SUPPLIER Caring Angels	STREET ADDRESS, CITY, STATE, ZIP CODE 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. The 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's Administration and there have been no concerns related to the weight gain. On admission, the resident was

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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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

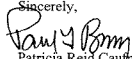
This letter reports the findings of a biennial state licensure survey that was conducted on _____, 2014, by representative(s) of this office.

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 Cautman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

