STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967981	01/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Guardian Angel Alf	10265 Nicaragua Drive Cutler Bay, FL 33190	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Change of Ownership (CHOW) survey on , 2014. Guardian Angel ALF had the following deficiencies at time of survey.

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

Based on record review and interview the facility failed to document freedom from communicable within 30 days for 1 of 4 facility staff (#3).

Findings as follow:

Record review documented there was no documenation verifying proof of communicable including for 1 of 4 (staff #3 hired on) facility staff.

On at about 12:10 p.m. the facility administrator stated the facility failed to document freedom from communicable including for staff #3 hired on / / .

Class III

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

Based on observation, record review and interview the facility failed to have the persons designated for food service (staff #1, #2, #3 and #4) trained in nutrition.

Findings as follow:

On at about 10:30 a.m. staff #3 was observed preparing food for lunch and serving food for lunch.

Record review documented the facility had no proof staff #1 (administrator), staff #2 (manager) staff #3 (hired on / /) staff #4 (caretaker hired on).
had been trained in nutrition.

On at about 12:20 p.m. the facility administrator stated the facility failed to have proof of the nutrition training for all facility

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967981	01/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Guardian Angel Alf	10265 Nicaragua Drive Cutler Bay, FL 33190	

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

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

Based on record review and interview the facility failed to have documentation of the resident's elopement and response drills.

Findinds as follow:

Record review documented the facility had no record of the elopement drills performed.
On at about 11:50 a. m. the facility administrator stated the facility had no the record of the elopement drills pertormed.

Class III

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

Based on record review and interview the facility failed to:
Have a copy of the written inform consent to assist residents with self administration of medications for unlicensed staff in 2 of 2 (#1 and #2) sample residents record reviewed.
Have a power of attorney for 1 of 2 (#1) sample resident's records reviewed.
Have the weight record initiated on admission for u out of 2 sampled residents (#2)

Findings as follow:

Record review documented the health assessment for resident #1 dated: and #2 dated stated residents needed assistance for self administration of medications.
Record review documented the facility failed to have the inform consent to assist with self administration of medications for resident #1 and resident #2.
On at about 11:30 a.m. the facility administrator (staff #1) stated the facility failed to have the inform consent to assist with self administration of medications for residents #1 and #2.

Record review documented resident #1's contract was signed by a family member.
Record review docuemnted the facility failed to have a power of attorney available for review for resident #1.
On at about 11:30 a.m. the facility administrator stated a family member signed the contract between resident #1 and the facility and also stated the facility had no a power of attorney for resident #1.

Record review documented the facility failed to have the weight record initiated on admission for resident #2 admitted to facility on .
On at about 11:50 a.m. the facility administrator stated the facility did not document weight on admission for resident #2.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Guardian Angel Alf
10265 Nicaragua Drive
Cutler Bay, FL 33190

Dear Administrator:

This letter reports the findings of a state Change of Ownership (CHOW) survey that was conducted on 8, 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 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,

Kristal Branton for

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