STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911818	02/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Angel's Touch Ii	1735 Jeffords Street Clearwater, FL 33756	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on

The Angel's Touch II, assisted living facility, had deficiencies at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation and interviews, the facility failed to maintain a safe and decent environment free of bed bug infestation for 1 of 7 residents. The facility failed to take measures to treat a recurring infestation of bed bugs at the facility over a course of 2 months, causing 2 residents to sustain bed bug bites. (photos obtained)

During an interview conducted on at 9:27 A.M. with Resident #2 in his , he stated "you might want to check those bugs my has over there." The resident pointed to a plastic 16.9 fluid ounce water bottle located at the head of the bed of Resident #4, his Contained in the bottle were approximately 13 bed bugs, alive and , large and small. Resident #2 stated that the bugs have not bothered him but that his has complained about them for some time. He stated that the facility did spray, but not professionally. The were sprayed by a resident (Resident #5).

Observations were made of Resident #2 and Resident #4's mattresses. The mattress of Resident #4 had what appeared to be spots and smears on the box spring.

An interview was conducted with Resident #3 at 9:53 A.M. He said that there there was a problem with bed bugs 2 months ago and that his sprayed the He said that no professional Pest Control Company came to spray. He said that he had seen them in his bed and that he had bites on his arms and that the facility replaced his mattress with one from an empty He confirmed that Resident #4 has been complaining about them being in his bed. He also stated that he has seen them on the couch in the living

An interview was conducted with the Administrator at approximately 10:10 A.M. She stated that she has a contract with an Exterminator who was here 2 months ago. She could not show the surveyor any contract or reports from the company. The surveyor spoke to one of the owners of the Extermination Company at 10:20 A.M. She stated that the facility does have a contract with the facility for pest control for quarterly visits. The last visit was in 2013 and they will return in 2014.

A second phone call was received from the other owner of the Pest Control Company, who stated that the

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contract is for general pest control, to include roaches, ants and spiders and NOT bed bugs. He recalled the administrator asking him about 2-3 months ago for the name of a company who does deal with bed bugs because she "suspected" there might be some in her facility. He gave her the name of a company who does deal with this problem but was not sure if she called them.

The administrator stated that she did not call the other company. In addition, she said that a resident did use a spray from a hardware store to spray in the . . . in case bugs were in the facility. She denied seeing bugs herself.

Resident #4 was interviewed at 10:32 A.M. When asked about his , he stated "it's got them bugs". He said that they come out between 1:00 A.M. and 4:00 A.M. and that he has several bites on his torso, which he showed the surveyor. He said he saw one this morning and killed it. He confirmed that he has caught several, 13 in fact, and put them in a water bottle. He stated that the bugs have been around for about 2 months now and that he told the Administrator. He said that they (another resident) sprayed around his bed and mattress. and that he has only seen them in his bed and his . . . bed (although the . . . denied this during an interview with him earlier).

An interview was conducted with Resident #5 at 11:05 A.M.. He said that he sprayed for bugs in Resident #4's . . . . He used spray that the Administrators husband bought He said that he saw the bugs in Resident #4's . . . . .

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on interview, observation and a review of medications, including Medication Observation Records (MORS) and medicine bottles including labels, the facility failed to ensure that 2 of 3 resident's whose medications were reviewed, were receiving medications as ordered or as intended for use.

Resident #1 is prescribed . . . . . 50 mg 1 tab by mouth every 6 hours as needed.. The circumstances under which it would be appropriate for the resident to request the medication and any limitations are not specified.

An interview with the Administrator was conducted on . . . . at 12:30 p.m. She stated that the resident takes the medicine off and on and approximately 2 times in a 24 hour period for pain. He has a routine of asking for the medication at about 4 a.m., in addition to 1 time during the day.

Observation of the MORS revealed that the resident does indeed take the medicine occasionally and no more often than every 6 hours.

Resident #6's medication box contained a bottle labeled 20 mg . . . every morning before breakfast for stomach. The MORS did not contain this information, but instead listed . . . SOD DR 1 tab by mouth every day before meals. It was marked as being given daily before breakfast.

During an interview with the administrator at 12:45 p.m., she could not explain the reason for the difference in the medication label and the MORS. The resident was not in the facility to be interviewed at the time of the survey.

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Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident ' s health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident ' s medication observation record.

Class III

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

Based on record reviews and interviews the facility failed to ensure that 1 of 2 direct care staff (Staff B)had completed all required training within 30 days of employment.

Staff B was hired on . There was no evidence that the employee had received a minimum of 1 hour of training within 30 days in the following areas:
1. Reporting major incidents.
2. Reporting adverse incidents
3. The facility ' s resident elopement response policies and procedures.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observations and interviews, the facility failed to maintain a safe and comfortable living environment for residents in that there was no hot water in Resident #2 and Resident #4's .

Resident # 2 and# 4 were interviewed at 1:00 P.M.. They stated that for the past 2 days they have had no hot water. The residents state that there is a leak in the system. Resident #4 stated that the temperature outside this morning was approximately 47 degrees so it would be nice to have hot water.

The surveyor felt the water in their shower and from their and it never got beyond tepid in temperature. The main water was also tepid to touch.

Interview with the Administrator at 1 :10 P.M. revealed that a plumber has been at the facility and a leak detector test was completed. She called her insurance company and is now waiting for an adjustor to come out.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Angel's Touch II
1735 Jeffords Street
Clearwater, FL 33756

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 Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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