STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965608	03/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Angel Alf Inc	9605 Sw 144 Place Miami, FL 33186	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial survey was conducted on . Angel Assisted Living Facility Home had deficiencies found at the time of the visit.

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and staff interview the facility failed to ensure that a Community Living Support Plan and Agreement was provided for 1 out of 3 sampled residents (Resident #3).

The findings include:

Resident record review for sampled Resident #3 (admitted to the facility on) Health Assessment dated indicated the resident was diagnosed with by the physician and there was no Community Living Support Plan and Agreement on file for review.

On at about 1:00 PM the facility administrator acknowledge that Resident #3 did not have Community Living Support Plan and Agreement on file for review.

Class: III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to maintain documentation of having completed at least 3 hours training of Limited Mental Health continuing education for 1 out of 3 facility staff (Staff C).

The findings include:

Record review for Staff C (caregiver, hired) had no documentation of a minimum of having completed at least 3 hours training of Limited Mental Health continuing education.

On at about 2:30 PM the facility administrator stated that Staff C had not taken a minimum of 3 hours training of Limited Mental Health continuing education.

Class: III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Angel Alf Inc
9605 Sw 144 Place
Miami, FL 33186

Dear Administrator:

This letter reports the findings of a 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 after 4/24/2014 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

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