STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968092	**03/31/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Vangela's Alf Corp	**789 Nw 145 Terrace Miami, FL 33168**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0077-Staffing Standards - Administrators-03/31/2014

Revisit Repeat Tags:

Revisit New Tags:
0079-Staffing Standards - Levels-58a-5.019(4) Fac

Specific Tag Findings:

0000-Initial Comments

A Follow-up to Standard Survey was conducted on 01, 2014. Vangela's ALF Corp had a deficiency at time of survey.

0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on observations, record review, and interview the facility failed to ensure that at least one staff member is in the facility at all times when the residents are in the facility and failed to maintain a written work schedule which reflects its 24-hour staffing pattern.

Findings include:

On , 2014 at 1:00 p.m. upon arrival at facility at the outside gate a male resident let me in. I greeted by him. and entered the facility and was greeted by a second female resident. Both residents were found by themselves with no staff available.

A woman arrives at 1:24 p.m. When asked if she works here she states, " I don't work here. I just help out sometimes I come by here to do her a favor.

At 1:36 p.m. the owner arrived,when asked for the staff schedule, she was unable to provide on.
Interview with the owner confirmed she left the resident in the facility alone and did not have a staff schedule complete and posted for review.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Vangela's Alf Corp
789 Nw 145 Terrace
Miami, FL 33168

Dear Administrator:

This letter reports the findings of a revisit survey to a biennial conducted on , 2014by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2014.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

BBT7

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