STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967378	03/21/2014
NAME OF PROVIDER OR SUPPLIER **North Miami Angel Gardens Alf Inc**	STREET ADDRESS, CITY, STATE, ZIP CODE **13010 Ne 9th Avenue North Miami, FL 33161**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0125 - 58a-5.021(6) Fac - Fiscal - Surety Bonds S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

A complaint investigation (2014001101) conducted on thru at North Miami Angel Gardens ALF, INC. Deficiencies were found at the time of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview the facility failed to ensure that 1 out of 6 (# 6) sampled residents have a completed completed Resident Health Assessment on {AHCA Form 1823}.

Findings include:

Record review on revealed resident # 6 did not have a completed Resident Health Assessment {AHCA Form 1823}. Resident was admitted into the facility -

Interview with the administrator on at 4:30 PM she stated the health assessment was missing from the record. The administrator kept changing her answers through out the interview regarding the documentation in resident # 6 record.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review and interview the facility failed to maintain a written record, updated as needed, of any significant changes for 3 out of 6 (#1, 2 and 6) sampled residents.

Findings include:

Interview with the administrator on at 4:00 PM she stated resident # 6 daily. She stated she did not document or report the to the ACHA because this happens daily. She stated resident #6 has a

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967378	03/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
North Miami Angel Gardens Alf Inc	13010 Ne 9th Avenue North Miami, FL 33161	

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

problem and this is causing him to daily. She stated he was in a skilled nursing facility before being admitted to the assisting living facility. She stated resident # 6 did not like living in the skilled nursing facility.

Interview with the administrator on at 4:40 PM she stated resident #2 goes into the urinate on the floor often. She stated he twice in 2013. She stated she did not have a record for resident #2. She stated she did not have any documentation on the .

Interview with the administrator on at 4:45 PM she stated resident # 1 in the stated the floor was wet of . The administrator stated resident #2 on the . She she stated did not send an Adverse Report to ACHA.

Interview with resident #1 at 4:30 PM on she stated she just returned from the doctor. The doctor removed the from the right upper extremity. She stated she in the the floor was wet of . She stated she her right hand from the in the .

Interview with resident # 6 ARNP on at 1:35 PM he stated the facility had reported to him the resident has been found on the floor several times. He stated he can't say the resident or he just sat down on the floor. He stated his last examination he did not notice any to the resident body. He was informed resident # 6 did not have a completed resident health assessment {AHCA Form 1823} in his record.

Resident # 6 refused to be interviewed in English or Spanish.

Observed resident # 6 on at 10:00 AM walking through out the facility with a slow and unsteady gait using a cane.

Record review on of resident #1 record revealed, the administrator is the Designation of Health Care Surrogate. The form was notarized and signed but not dated. Resident Health Assessment {AHCA Form 1823} completed and signed by the ARNP. Medical history and diagnoses , , , , Insufficiency. No facility documentation of the or noted from facility notes.

Record review on of resident #1 record revealed, the resident was seen at Revival Orthopaedics on . The doctor progress note stated resident # 1 was initially seen on consultation by Dr. Bridges on for management of a right . The resident was immobilized in a volar wrist . Resident complained of right wrist discomfort.

On physical examination of the right upper extremity, the patient exhibits a volar . Patient exhibits over the dorsum of the hand. The patient exhibits mild tenderness to palpation over the . There is tenderness to palpation over the dorsal aspect of the second,third, and fourth . The patient is able to flex and extend all fingers as well as the thumb. Sensation over the radial, , and median autonomous sensory are intact.

Plain X-Ray Imaging Studies revealed an and with dorsal angulation on . The radiographs of the right wrist continue to reveal a that is in subsided. There is dorsal angulation. There is mild widening of the scapholunate junction. There is a normal

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967378	03/21/2014
NAME OF PROVIDER OR SUPPLIER **North Miami Angel Gardens Alf Inc**	STREET ADDRESS, CITY, STATE, ZIP CODE **13010 Ne 9th Avenue North Miami, FL 33161**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

callus formation noted.

Assessments-Closed Colles'
Treatments resident # 1 was placed in a short arm the right upper extremity. Resident to elevate the right upper extremity at all times to prevent and to the hand. She is encouraged to move her fingers and thumb trigger prevent stiffness. She currently has dorsal angulation and shortening of the . This is in excess of 4 weeks old. At this time we'll accept this current position and continue immobilization until we are able to achieve union to the . She will follow up in the office in a period of one month to evaluate her progress.

Resident # 1 was seen in the hospital emergency for wrist pain. A prescription were given for 50 mg one tablet PO every six hours as needed. Return to the emergency department immediately if symptoms persist or worsen. Home care instructions were given for wrist pain and the care of the wrist .

Record review of resident # 6 record on revealed, he did not have a completed resident health assessment {AHCA Form 1823} in his record. Resident # 6 was seen by the ARNP, PhD on . His electronically notes stated the resident was admitted to the hospital with diagnoses of Acute and ,He returned to the ALF because of his disruptive and behavior. No admission or discharged date noted. On he was admitted to another hospital for , and a Filter placed by the doctor. He was again returned to the ALF because of major with mobility, , frail male with transportation problems due to immobility, inability to transfer without assistance, lack of judgement and impulse control. Requires 24/7 closely supervised home care and frequent medication administration. Left (S/P Right CVA2008), plus Ataxia,plus Movements.

Class 11

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

Based on observation, record review, and interview the facility failed to ensure that 4 out of 6 (resident #1,2,5,6) current residents sampled were treated with consideration and respect and with the need for privacy.

Findings Include:

Interview on tour at 9:15 AM with the administrator and staff A revealed resident #1 and 2 share a as a couple.

Interview on tour at 9:15 AM with administrator and staff A revealed resident #5 and 6 shared a . The administrator stated resident #6 felt like resident #5 is his grandmother. She stated he did not get alone with his (resident #3) who was discharged to the hospital

Interview with resident #1 at 4:30 PM on after returning from the doctor. She stated she did not want to sleep in the same resident #2. She stated she told the administrator and she did nothing about it. Resident #1 stated she wants resident #5 to be her .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967378	03/21/2014
NAME OF PROVIDER OR SUPPLIER **North Miami Angel Gardens Alf Inc**	STREET ADDRESS, CITY, STATE, ZIP CODE **13010 Ne 9th Avenue North Miami, FL 33161**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Observation on 9:15 AM observed resident #1 and # 2 laying in separate beds in #1.

Class III

0125-Fiscal - Surety Bonds 58A-5.021(6) FAC

Based on record review and interview the assisted living facility failed to ensure that the administrator who is the power of attorney for 2 out of 6 (#2,6) sampled residents maintained a surety bond.

Findings include:

Record review on revealed the administrator did not provide the power of attorney documentation for resident #2 and 6, the administrator only provided bank statements for residents #2 and 6. The facility failed to show documentation that a surety bond was maintained.

Interview with the administrator on at 10:30 AM. She stated she has power of attorney for resident #2 and 6, there was no power of attorney documentation in resident # 6 file and the administrator did not provide this information. The administrator did not provide a record for resident # 2 at the time of survey. Administrator stated she will fill out the application today ( ) for the surety bond.

Class III

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

Based on record review and interview the assisted living facility failed to have a up to date admission and discharge log.

Findings include:

Record review found that the facility did not have residents #4 and #6 written on the facility's admission and discharge log.

Interview with the administrator on at 1:53 p.m. she confirmed that residents #4 and #6 were not written on the log. She revealed that resident #4 came to the facility in and resident #6 came to the facility in

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on personnel record review and interview the assisted living facility failed to ensure that 4 out of 5 (Staff B,C,D,E) sampled staff members did not have a completed application with references on file.

Findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967378	03/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
North Miami Angel Gardens Alf Inc	13010 Ne 9th Avenue North Miami, FL 33161	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Interview with the administrator on at 10:35 AM revealed staff members (B,C,D,E) did not have a completed application with references on file.

Review of staff personnel files on at 10:35 AM revealed staff B,C,D,E did not have a completed application with references on file.

Class III

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

Based on interview and record review the facility failed to maintained on the premises records for 1 out of 6 residents (resident # 2).

Interview with the administrator on at 10:00 AM revealed she did not provide a record for resident #2 at the time of survey.

Interview with the administrator on at 4:00 PM revealed she did not provide a record for resident # 2 at the time of survey.

Class 111

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to provide a preliminary report to the agency , within 1 business day after the occurrence of the adverse incident. This was evident for sampled resident #1, and 6.

Findings Include:

Interview with the administrator on at 4:00 PM revealed the administrator did not submit a adverse incident report for resident #1 or 6 within 1 day of on resident .

Review of facility records on revealed no adverse incident reports were done. She stated she will submit the adverse incident reports today .

Class III

0167-Resident Contracts 58A-5.025(1) FAC

Based on interview and record review the facility failed to a completed Admission and Financial Agreement providing the monthly fee for 3 out of 6 sampled residents (resident # 2, 4, and 6).

Findings include:

Review of resident # 6 record on at 11: 00 AM reveled he has a Admission and Financial Agreement

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967378	03/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
North Miami Angel Gardens Alf Inc	13010 Ne 9th Avenue North Miami, FL 33161	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

the amount of the monthly fee was missing.

Review of resident # 4 record on revealed no Admission and Financial Agreement was in the resident record at the time of the survey.

Interview with the administrator on at 11:00 AM the administrator did not provide a record for resident # 2.

Interview with the administrator on at 4:00 PM the administrator did not provide a record for resident # 2 during the survey process.

Class III

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

Based on record review and interview, the facility failed to provide proof of Limited Mental Health (LMH) training for 2 out of 5 staff members (Staff A and Administrator).

The findings include:

Record review of on administrator (started on) and Staff A (started) had no documentation of the six hours requires Limited Mental Health training on file. Limited Mental Health Expansion was done on .

Interview with the administrator on at 10:45 she revealed she will sign up for her self and staff A to take the six hours required LMH training.

Class: III

Z827-Unlicensed Activity 408.812, FS

Based on observation, record review and interview the assisted living facility failed to appropriately discharge 3 out of 3 residents (resident #1, #2, and #3) sampled discharged residents to a licensed provider.

Findings include:

Arrived to 13005 NE 9th Avenue North Miami on at 8:45 a.m. Observed a woman with scrubs on smoking a cigarette coming from the back gate of the property with a bag and two clear glasses. She went across the street to the licensed ALF located at 13010 NE 9th Avenue North Miami.

An interview was attempted with the staff member who was now in the licensed assisted living facility on at 8:55 a.m. but she did not speak English.

The owner/administrator of the ALF arrived on at 9 a.m. The owner sated that she had people living

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967378	03/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
North Miami Angel Gardens Alf Inc	13010 Ne 9th Avenue North Miami, FL 33161	

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

across the street. Tour of the property across the street was taken on at 9:24 a.m. tour with the owner. Entered door in the side of the house of the efficiency. Found resident #1 sitting in a wheelchair next to his bed and resident #2 was in bed. There was two beds in the a . There was an tank, concentrator, wheelchair next to the window, and the closet in this used for storage.

The owner stated that resident #1 was homeless in the streets in living at Camillus ' House. I found him on the street; I took food to the homeless and met resident #1. He was sent to a Rehab Center because he had something on his foot. The owner said that resident #1 can transfer to the chair he not walking, she said his medications with me. The owner said they get three foods, snack and supervision all day. She said resident #2 walks and they provide the same. Resident #2' s medications in part of the ALF, his had a little bit. Resident #1 was in the ALF the first time. Resident #1 came , before was in ALF with me. The owner stated on at 9:21 a.m. that she is the owner of this home (referring to the ALF). I rent a 13005 NE 9th Avenue North Miami, FL 33161. I rent efficiency, I have two patients.

Interview with resident #1 on at 9:37 a.m. He stated that he has been here one year and he does not know how he got here. He stated that he has Medicare. He gets medications three times a day and that the Miss (nurse) gives it to him. The Miss takes him a bath.

10:10 a.m.observed resident medications for residents #1 and #2 across the street at the ALF. The medications were found in the ALF's office in a large bin.

The owner stated on at 10:38 a.m. that she leases the efficiency $600 per month. Resident #1 pays one thousand two hundred something and resident #2 pays one thousand two hundred something. Resident #1, staff here (ALF) gives him a bath, medication is here (here is the ALF office across the street; pictures were taken). Resident #2 sometimes but we supervision only of his bath. His medications are also kept in the ALF 's office across the street.

Owner stated on at 2:03 p.m. patients across the street get medications in the morning and night. She stated that resident #2 did not come from the ALF went directly to the front (efficiency).

Record review for resident #1. The owner was listed on the demographic sheet as the proxy. Health assessment diagnosis -X3, , Prostatic , , , Activities of daily living assistance needed with bathing, dressing, , and supervision for ambulation, eating, toileting, and transferring. Admission and discharge log for the assisted living facilitydocumented that resident #1 was admitted to the ALF on and moved to front on address 13005 NE 9th Avenue North Miami, Fla per documentation.

Record review for resident #2. Health assessment diagnosis , , , , , , Debility. Activities of daily living supervision with eating; assistance with ambulance, bathing, dressing, toileting, transferring. Diet no added salt, puree. Completed on . West Gable Health Care Center facesheet documented that resident #2 was resident at 13010 NE 9th Avenue North Miami which is the ALF's address. Also home health records document that resident #2 lived at the ALF's address.

The owner stated on at 2:33 p.m. that resident #2 came here after Thanksgiving in . Ambulance brought here from a Rehabiliation Center.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967378	03/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
North Miami Angel Gardens Alf Inc	13010 Ne 9th Avenue North Miami, FL 33161	

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

Interview with the owner on at 3:18 p.m. revealed that residents who lives across the street, were served lunch by the ALF. At 3:53 p.m. She stated that she has been leasing the efficiency for one year. This is my house; I was living in the efficiency. In 2007 I moved out of efficiency. I have one year for patients in the efficiency. She has had resident #1, #2, and resident #3 (who was there for only one night and living in the efficiency). in the for him, resident #3. He was the Aventura Rehab.

Record review for resident #3. He was discharged from Palm Garden of Aventura on . Rehab discharge instructions stated that resident #3 " will be going to North Miami Angel Gardens ALF, Inc., 13010 NE 9th Avenue North Miami, FL 33161. North Miami Angel Gardens ALF Inc. Letter from the ALF stated " New nont in ALF living in 13005 NE 9th Avenue North Miami Fla 33161 contact in ALF this not living in ALF in crouz street. "

Resident #3's contract for where he was living for $600 per month stated. Rent covers " three meals a day, cooked by staff at the ALF across the street. The food will not be personalized. What will be served is whatever ' s on the menu for the day, which is put together by a Nutrionalist licensed by the state of Florida. Laundry services, twice a week. Housekeeping twice a week. Constant administration of all medications. Appointment scheduling with my Primary Care Physician and Necessary 911 calls. Television service, a bed, private dining , fan, microwave, an a small refrigerator. " Authorizations " I authorize a person who is not a nurse but who has special training with certifications to manage and give me my medications. I give my authorization to be seen by the doctors and that the owner decides are best for my health ... I give authorization to the owner , and to the staff of her Assisted Living Facility, to have a key to the efficiency where I reside, and they may enter at any time necessary. " Tenant contract was signed on by resident #3.

The owner said she picked up him up on at 10 p.m. in front of rehab. He spent the day out on the street and on I/ went shopping and drinking. in the morning went to check and found him on the floor. She said that they paid nothing, sister gave them $100. He did not receive any medications, nurse came to make evaluation to nursing but he was not there.

Based on observations of the efficiency located at 13005 NE 9th Avenue, record review from residents' #1, #2, and #3 records which documented that they were discharged from Rehab facilities and were supposed to be living in a licensed assisted living facility, and interviews the owner was given a notice of unlicensed activity on at 5:20 p.m. The property where the two residents live is not where the owner lives. Residents #1 and #2 are receiving personal services which include assistance or supervision with bathing. They also store both residents ' medications at the ALF and staff from the ALF gives both residents there medications. The ALF or the owner provides three meals to them including snacks. Both residents are receiving services on a 24 hour basis.

Phone interview with resident #1's daughter on at 12:03 p.m. she said that she spent time at the ALF and visited the independent area and the independent area constantly had staff going to visit her father. She was down for two weeks. She said that they help her father with medications and bathing. She said that her contact person was the owner of the ALF across the street.

Phone interview with resident #2's sister on at 8:08 a.m. He was over there because he need attention. He start with that is why I can manage it too. Paid 1200 monthly. They give only social security. The

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967378	**03/21/2014**
NAME OF PROVIDER OR SUPPLIER **North Miami Angel Gardens Alf Inc**	STREET ADDRESS, CITY, STATE, ZIP CODE **13010 Ne 9th Avenue North Miami, FL 33161**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

owner (also owner of the ALF across the street) was giving him medications, he can take bath by himself but they have to put pamper for him. The owner made food every day. Me, give the owner the checks resident #2 don 't know how to do it. I go to the bank and give the owner the money.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
North Miami Angel Gardens Alf Inc
13010 Ne 9th Avenue
North Miami, FL 33161

Re: CCR #2014001101

Dear Administrator:

This letter reports the findings of a state complaint 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 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