| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967378 | 05/30/2014 |
| 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) | | |

**Revisit Corrected Tags:**
0008-Admissions - Health Assessment-05/19/2014
0025-Resident Care - Supervision-05/19/2014
0030-Resident Care - Rights & Facility Procedures-05/19/2014
0125-Fiscal - Surety Bonds-05/19/2014
0161-Records - Staff-05/19/2014
0162-Records - Resident-
0165-Risk Mgmt & Qa; Adverse Incident Report-
0167-Resident Contracts-

**Revisit Repeat Tags:**
0160-Records - Facility-58a-5.024(1) Fac
L243-Lmh - Training-58a-5.0191(8) Fac
Z827-Unlicensed Activity-408.812, Fs

**Revisit New Tags:**

**Specific Tag Findings:**

**0000-Initial Comments**

On 05-19-2014 a follow-up survey to a complaint investigation (CCR# 2014001101) conducted 03-03-2014 at North Miami Angel Gardens Assisted Living Facility. Some deficiencies still were not corrected at the time of survey.

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

Based on record review and interview the assisted living still 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 written on the facility's admission and discharge log.

Interview with the administrator on at 10:AM she confirmed that residents #4 was not written on the log. She revealed that resident #4 came to the facility in .

Class III
Not corrected

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

Based on record review and interview, the facility still failed to provide proof of Limited Mental Health (LMH) training for 1 out of 2 staff members (Staff A).

The findings include:

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

Record review of on 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: 00 she revealed she will sign up for staff A to take the six hours required LMH training.

Class: III
Not corrected

**Z827-Unlicensed Activity 408.812, FS**

Based on record review and interview the facility still failed to appropriately discharge 1 out of 7 residents (resident # 7) sampled residents to a licensed provider.

Findings include:

On at 2:15PM PM a telephone interview was conducted with resident # 7 ' s daughter. The daughter stated she was aware the administrator was moving her father to an unlicensed facility on , 2014. The daughter stated the administrator told her it would be for a short time. The daughter stated the administrator told her the administrator had seven residents in her assisted living facility and the administrator is licensed for six. He stated Agency for Health Care Administration {AHCA} is on her back and would have to move resident #7 to her facility across the street located at 13005 N.E. 9th Ave North Miami, FL 33161. The daughter stated the administrator told her the move would take place on the weekend, because the Agency For Health Care Administration {AHCA} does not come around on the weekends.

On at 10:00 AM a telephone interview was conducted with resident # 7 ' s daughter. The daughter stated resident # 7 was not readmitted into the assisted living facility . The daughter stated the administrator moved resident # 7 from one unlicensed facility to another unlicensed facility. The daughter stated the administrator has two unlicensed facilities and one licensed facility. The daughter stated the administrator had someone to bring her father from the unlicensed facility to the assisted living facility on . The daughter stated he was transferred to the hospital from the assisted living facility via Miami Dade Ambulance Services.

Review of facility admission and discharged log revealed, resident # 7 was discharged from the assisted living facility and moved to an unlicensed location on located at 13005 N.E. 9th Ave North Miami, FL 33161.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a complaint investigation revisit survey 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:kb
Enclosure

BBT7

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