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)		

List of Tags Cited:
St - A - 0123 - 58a-5.021(2) Fac - Fiscal - Resident Trust Funds S-S= D

Specific Tag Findings:

0000-Initial Comments

A complaint investigation (CCR# 2014004829) was conducted on thru at North Miami Angel Gardens. Deficient Practice was found at the time of the survey.

0123-Fiscal - Resident Trust Funds 58A-5.021(2) FAC

Based on interview and record review, the assisted living facility failed to ensure 1 of 7 sampled residents received a refund after discharge.

Findings include:

On at 10:00 AM a telephone interview was conducted with resident # 7 daughter. The daughter stated resident # 7 was discharged from the assisted living facility . The daughter stated resident # 7 did not receive a refund from the assisted living facility.

Review of facility admission and discharged log revealed, resident # 7 was discharged from the assisted living facility on . Review of Social Security Administration (SSA) documentation, the assisted living facility administrator continued to receive resident # 7's SSA benefits through although resident #7 was no longer a resident of the assisted living facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: CCR #2014004829

Dear Administrator:

This letter reports the findings of a complaint investigation survey that was conducted on 30, 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,

Arlene Mayo- Davis
Field Office Manager

AMD:kb
Enclosure
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com