STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953224	06/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Angels Garden Inc.	8003 North Rome Avenue Tampa, FL 33604	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

An extended congregate care (ECC) monitoring visit was conducted on .

The Angels Garden Inc., assisted living facility, had deficiencies at the time of the visit.

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

Based on interview and record review the assisted living facility failed to honor the rights of 1 of 3 (#1) sampled residents by ensuring an annual physician review was obtained for a half bed rail positioned on the residents' bed.

Findings include:

On 2014 at 11:33 AM an interview was conducted with the assisted living facility administrator. The Administrator presented a half bed rail order and acknowledged that the order was dated .

On 2014 at 10:45 AM half bed rails were observed on resident #1 ' s bed.

A record review conducted on resident #1's chart revealed a physician order for a half bed rail dated .

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on interview and record review the assisted living facility failed ensure 3 of 4 sampled employees (Employee A, B and C) obtained annual documentation that the employee is free from .

Findings include:

On 2014 a record review of employee A, B and the administrator's employee files was conducted. Employee A date of hire was . Employee B date of hire was . Employee the administrators date of hire was . Employee A, B and the administrator had annual clearance statements dated . No current annual statement was located in the file of employee A, B or the administrator.

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On , 2014 at 11:33 AM an interview was conducted with the administrator. The administrator stated the annual statements were due at the beginning of the year an "I can't get around that." The administrator stated that all the employees annual . statements were all done at the same time and "mine was last done on .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Angels Garden Inc.
8003 North Rome Avenue
Tampa, FL 33604

Dear Administrator:

This letter reports the findings of an extended congregate care (ECC) monitoring visit 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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