STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963963	07/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Angeles Residential, Inc	6341 Palm Avenue Hialeah, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= B
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A Monitoring Visit with Medicaid Program Integrity (MPI) was conducted on , 2014. Angeles Residential, Inc had deficiencies cited at the time of survey.

0054-Medication - Records 58A-5.0185(5) FAC

Based on observations, record review, and interview the assisted living facility failed to maintain the medication observation records (MOR) for 2 out of 6 (#1 and #2) sampled residents.

Findings include:

Observation on at 10:15 a.m. found that bedtime 40 mg for resident #2 was still in the bingo card for .

Record review found that resident #2's was initialed by staff as given on .

Information was reviewed with the facility's owner on at 11:52 a.m. and she confirmed that the for resident #2 was still in the bingo card.

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on personnel record review and staff interview, the facility's administrator failed to provide proof of a high school diploma or G.E.D.

Findings include:

Record review for the administrator found that she did not have proof of her high school diploma or G.E.D.

Interview with the facility's Owner on , 2014 at 11:58 AM. She noted that the paper work in the administrators personnel file stated that she completed a level of school while living in Cuba. She believes that it reflected a high school diploma. The facility has no documentation that she completed high school.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963963	**07/28/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Angeles Residential, Inc	**6341 Palm Avenue Hialeah, FL 33012**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on personnel record review and staff interview, the facility failed to supply a completed job application that showed job references.

Findings include:

A review of the personnel file for facility's administrator revealed that her employment application did not have references.

In an interview with the facility's owner, on , 2014 at 11:58 AM, she noted that the administrator did not work at an Assisted Living Facility before and that is why they did not complete the job references.

Class

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

Based on observations, record review, and interview the assisted living facility failed to have a resident record for 1 out of 6 (#4) sampled residents that were admitted to the facility.

Findings include:

Facility tour on at 9:50 a.m. found that the facility had a census of six residents.

Record review found that the facility had medication records for only five out of the six residents present. Record review found that the facility did not have a resident record for resident #4 which included demographic sheet, weights at admission, or a contract. Hospital discharge papers revealed that resident #4 was discharged to the facility on

Interview with the facility's owner on at 11:37 a.m. revealed that she did not have a family contact for resident #4 but a family called her this morning which was a cousin. She stated that the hospital discharged resident #4 without giving her any documentation regarding the resident. She confirmed that the resident did not have a record at the facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Angeles Residential, Inc
6341 Palm Avenue
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a monitoring 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,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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