STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967378	07/29/2014
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 - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Survey conducted on , 2014. North Miami Angel Gardens ALF Inc had the following deficiencies at time of survey.

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview facility's administrator failed to provide or arrange in-service training to 1 out of 3 (#C) sampled staff.

Findings include:

Observations made on at 9:00 a.m. found staff C in facility alone with residents. There were no other staff members present . Staff C was observed cooking and preparing residents meals, assisting residents with feeding, assisting resident with morning care. The owner arrived at the facility at 11 a.m.

Record record review on of staff C (hired), did not have documentation verifying 1 hour training of reporting major and adverse incidents, elopement and 1-hour-in-service training within 30 days of employment in safe food handling practices.

Interview with the owner on at 11:20 a.m. acknowledged that staff C did not have these trainings.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on record review and interview the facility failed to ensure 2 out of 3(#A and B) sampled employees had First Aid and training.

Findings include:

Record review of employee files for staff A and staff B . Staff A's First Aid and training had expired on and staff B expired on . There was no documentation available for review of

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current First Aid and training.

Interview with the owner on at 11:20 a.m. acknowledged the staff members did not have the training.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview the facility failed to ensure 2 out of 3 (#A and B) have successfully completed a minimum of 2 hours of assistance with self administration of medications continuing education annually.

Finding includes:

Record review of the employee files for staff A and staff B contained the 4 hours of medication training on and . The updated 2 hours training was not available for review. There was no documentation of the training available.

Interview with the owner on at 11:20 a.m. acknowledged the staff members did not have the training.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on record review and interview the facility failed to ensure 2 out 3 (A and B) sampled staff members had a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Findings include:

Record record review on of employee files for staff A and staff B did not have documentation verifying the they received the 2 hours nutrition and food service training. Staff A's last training was dated and staff B's last training was dated .

Interview with the owner on at 11:20 a.m. acknowledged the staff members did not have the training.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

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Based on observations, record review, and interview the facility failed to have a dated menu and failed to have menus planned at least one week in advance.

Findings include:

Facility tour on at 9:15 a.m. found that the facility's menu that was posted in the kitchen dated to ". The facility did not have a dated menu available for review for , 2014. Observations also found that the facility did not have menus prepared that were planned at least one week in advance.

Lunch observations on found that residents were served turkey and cheese sandwiches with chicken soup as stated on expired menu. Record review of menu posted on board in dining and kitchen area dated from to for cycle 4 for Tuesday stated turkey and cheese sandwich, slice of bread with margarine, trench fries, vegetable soup, pineapple juice and ice cream. There was no current menu posted anywhere else in facility.

Interview conducted on at 12:25 PM a.m. with resident #1, 2 and 4 all stated staff A and C prepare the meals for them.

Interview with the owner on at 3:20 PM confirmed that the menu posted was dated from to the day of the survey. After speaking to owner he stated was not able to provide a current menu that were planned and dated one week in advance. He would contact the dietician to receive it.

Class III

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 Standard Biennial 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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