STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953224	08/19/2014
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 - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

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.

0007-Admissions - Criteria 58A-5.0181(1) FAC

Based upon record review & staff interview the facility failed monitor for appropriateness of continued residency for 1 (#1) of 1 resident reviewed.

Findings include:

During the visit of for an extended congregate care monitoring visit it was learned that resident #1 admitted on had developed a pressure . During initial interview with the office manager at about 9:45am, when asked about general health status of facility residents, she indicted resident #1 was being treated by a Home Health Care nurse for a pressure . A review of the home health care progress notes dated for resident #1 indicated that the had yellow drainage. The facility office manager called the treating home health care agency at 11:30am and was told be the Home Health Care Coordinator that resident #1 had a possible .

During a telephone interview with the administrator at 12:30 on she said she knew the resident was being treated for a pressure but was not aware it was a .

Per interview with the Direct Care staff supervisor at 1:20pm, she stated that the home health care nurse informed her on that the resident had a "deep hole" but that the home health care nurse did not talk about a stage of the . This staff stated she reported it to the administrator the same day .

During a second telephone call to the administrator (2:20pm) she told the surveyor she had forgotten about the call from the direct care staff supervisor informing her of the yesterday.

The office manager stated during exit conference at 2:30pm she would immediately give 45 day notice of discharge as well as attempt to assist the transfer of resident #1 to a facility providing a higher level of care.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953224	08/19/2014
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)		

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based upon record review and staff interview the facility failed to maintain a record, updated as needed of any significant changes for 1 (#1) of 1 resident reviewed.

Findings include:

During the visit of and review of the record for resident #1 it was learned that the resident was receiving home health care services for care. A review of the home health care notes on file at the facility indicated that the resident was admitted for treatment on The home health care progress notes further indicated the had yellow drainage. A telephone interview between the facility office manager & the home health care coordinator at 11:30am revealed that the pressure was possibly a The office manager stated she was upset that she was not informed of the worsening of the pressure as she was told 2 weeks earlier by the home health care nurse that it (the was not that bad and that it was "treatable".

During an interview with another facility staff (direct care supervisor) on at 1:20pm the surveyor was told that the home health care nurse had informed her on that the residents had become a deep hole and that the nurse was waiting for new care orders. This staff stated she had called the administrator to inform her of the worsening of the the same day

A review of the record for resident #1 revealed a health assessment (1823) dated with a diagnosis of & recent hip surgery. There was not any documentation at all in the record concerning the residents condition, that the facility staff were knowledgeable of the presence of a pressure whether they were monitoring of the pressure or any indication facility staff were communicating with the home health care agency concerning the condition and changes of the residents health status.

The direct care staff supervisor verified at 1:20 p.m. that there was not any progress notes concerning resident #1's pressure

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 Caufman
for Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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