STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967900	08/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
My Angel's Alf Corp	13620 S W 119 Street Miami, FL 33186	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test 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 - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . My Angel's ALF had deficiencies identified at the time of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview the facility failed to have a completed health assessment for 1 of 2 (#1) sampled residents within 30 days of admission.

Findings as followed:

Record review showed the facility failed to have a health assessment available for review for resident #1 who was admitted to facility on .

On at 11:00 a.m. the facility's administrator stated the facility did not have a completed a health assessment for resident #1.

Class III

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on observation and interview the facility failed to meet continued residency criteria for 1 of 6 (#1) facility residents.

Findings as followed:

On at 8:05 a.m. resident #1 (admitted on) was observed in bed.

On at 8:05 a.m. and during facility tour staff #3 (caretaker) stated resident was not ambulatory and added she nad to bathe resident #1 in bed.

On at 9:00 a.m. the facility's administrator stated resident #1 was non ambulatory and was not in Hospice.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967900	08/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
My Angel's Alf Corp	13620 S W 119 Street Miami, FL 33186	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on record review and interview the facility failed to document freedom from communicable including on annual basis for 5 of 5 (#1, #2 ,#3, #4 and #5) facility staff.

Findings as followed:

Record review documented the facility failed to have freedom from communicable documented on annual basis for staff #,1 staff #2, staff #3, staff #4, and the limited nursing services (LNS) contracted nurse. Record review documented the last freedom from communicable statement for staff #1, #3 and #4 were dated (expired on) and for staff #2 dated (expired on). The LNS contracted nurse last statement was dated (expired on).

On at about 11:00 a.m. the facility's administrator (staff #1) stated the facility failed to document freedom from communicable including on annual basis for staff.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on record review and interview the facility failed to have a manager who received a minimum of 12 hours of continuing education every two years.

Findings as followed:

Record review showed the facility failed to have documentation that the facility's manager received a minimum of 12 hours of continuing education in the topics related to assisted living every 2 years..

On at 11:00 a.m. the facility's administrator stated the manager had not received the 12 hours of continuing education.

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 have 1 of 5 (#2) facility staff trained in a minimum of 4 hours of assisting residents with self administration of medications. The facility failed to ensure that 1 of 5 (#3) facility staff trained in a minimum of 2 hours of assisting residents with self administration of medications annually.

Findings as followed:

Record review showed the facility failed to have staff #2 (manager, hired on) trained in 4 hours of assisting residents with self administration of medications.

Observations on at 8:20 a.m. found staff #3 assisting resident #3 with self-administration of medications.

Record review showed that staff #4 (caretaker)'s last medication training was dated (expired on

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967900	08/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
My Angel's Alf Corp	13620 S W 119 Street Miami, FL 33186	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

). The facility did not have staff #4's annually 2 hours of assisting residents with self administration of medications.

On at 11:30 a.m. the facility administrator stated the facility failed to have staff #2 and 3 were trained in assisting residents with self administration of medications.

Class III

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

Based on record review and interview the facility failed to have 3 of 4 (#1, #2, #3) facility staff, trained annually in a minimum of 2 hours in Nutrition and Food service.

Findings as followed:

Record review documented the facility failed to have documentation of the annual Nutrition and food service training for staff #1, staff #2, and staff #3. Record review also documented the last nutrition and food service training for staff #1 and #3 was dated (expired) and for staff #2 was dated (expired).

On at 11:00 a.m. the facility's administrator stated the facility failed to have staff #1, #2 and #3, in charge of food services, trained annually in nutrition and food service.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview the facility failed to have 1 of 4 (#2) facility staff trained in a minimum of 3 hours of Limited mental health continuing education every two years.

Findings as followed:

Record review documented the facility holds and standard license with LMH component.

Record review showed the facility failed to have staff #2 (hired on) trained in 3 hours of LMH continuing education. Record review documented the last LMH training for staff #2 was dated .

On at 11:30 a.m. the facility's administrator stated the facility failed to have staff #2 trained in Limited Mental Health continuing education.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
My Angel's Alf Corp
13620 S W 119 Street
Miami, FL 33186

Dear Administrator:

This letter reports the findings of a Stanadard Biennial survey that was conducted on 18, 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

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