STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968340	11/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Nursing Care By Angels, Llc	8085 S Babcock St Palm Bay, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= B

Specific Tag Findings:
0000-Initial Comments
Complaint Inspection #2014011058 was conducted on . . . . . Nursing Care By Angels, LLC Assisted Living Facility had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and interview the facility failed to obtain a Completed Resident Health Assessment (AHCA form 1823) after a significant change (hospital admissions) for 1 of 3 sampled residents (#2).

Findings:

Record review for resident #2 revealed a hospital's history and physical that noted the resident was admitted into the hospital on . . . . Further record review revealed a Rehabilitation Center's History and Physical that revealed she was admitted there on . . . . .
There was no AHCA form 1823 available for review that was completed after the hospital admission.

During an interview with the Administrator/Owner on . . . at approximately 11 AM, revealed the facility did not have an AHCA form 1823 completed after the significant change.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and interview the facility failed to maintain a written record that the family and health care provider was contacted of significant changes, illnesses which resulted in a hospital admission 2 of 3 sampled residents (#1 and #2).

Findings:

1. During an interview with the Administrator/Owner on . . . . . at approximately 9:30 AM, she stated resident #1 had fainted on . . . . . and was admitted into the hospital.
Record review for resident #1 revealed there was no documentation as to what had transpired that caused the resident to be admitted into the hospital. Further record review revealed there was no documented to confirm the family and health care provider was contacted to inform

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them of the hospital admission.

2. Record review for resident #2 hospital's history and physical that noted the resident was admitted into the hospital on . . Further record review revealed a Rehabilitation Center's History and Physical that revealed she was admitted there on . . .
There was no documentation as to what had transpired that caused the resident to be admitted into the hospital and later to the Rehabilitation center. Further record review revealed there was no documentation to confirm the family and health care provider was contacted to inform them of the hospital admission.

During an interview with the Administrator/Owner on at approximately 11 AM, she stated the family's and Health Care providers were contacted. She confirmed she did not write the notes as required.

Class .

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Nursing Care By Angels, Llc
8085 S Babcock St
Palm Bay, FL 32909

RE: CCR #2014011058

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 13-18, 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 Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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