STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965248	12/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Home For All The Angels Corp	9270 Sw 42 Terrace Miami, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators 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 - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

A standard biennial survey was conducted on , 2014. Home For All The Angels Corp., had the following deficiencies at time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review and interview the facility failed to obtain a written physician's order for the use of a half-bed rail for 3 out of 7 (#s 4, 6 and 7)sampled residents.

Findings included:

Observation during the facility tour on at 8:40 AM residents #6 and #7 had half bed rails attached to their beds, and resident (#4) had a full bed rail attached to her bed.

Record review on for residents #s 4, 6 and 7 did not have any written physician's order for the use of half bed rails.

During an Interview on at 12:30 PM staff B stated, " They have bed rail attached to their beds but I do not have the physician order. "

Class III

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC

Based on record review and interview the facility failed to have at least 2 elopement drills performed per year.

Findings included:

Record review on , 2014 at 12:08 pm revealed that the last two elopement drills documented by the facility was dated on , 2012 and , 2013.

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An interview on , 2014 at 1:30 p.m. with staff A confirmed that the last elopement drill performed in facility was on ', 2013.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, record review and interview the facility failed to properly assist with self-administration with medication for 1 out of 7 residents (# 3) sample residents.

Findings included:

Observation on ', 2014 from 12:00 revealed that staff B assisted residents (# 3) with self-administration of medication, and she did not use the Medication Observation Record (MOR) to sign medication.

Record review on ', 2014 at 12:02 pm revealed that the Medication Observation Record did not have resident's (#3) medication (Metformen 500 mg tab) signed as given.

Interview on ', 2014 at 1:20 pm revealed that staff A acknowledged that staff B did not use Medication Observation Record (MOR) to assist with self-administration of medication.

Class III

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

Based on record review and interview the assisted living facility failed to have an administrator minimum requirement of high school diploma or GED.

Findings included:

Record review on showed that the facility's administrator did not have documentation that met the education requirement.

During an interview on at 11:07 a.m. with the Owner she stated, " I don ' t have the administrator ' s high school diploma or any other documentation to show proof of education. "

Class III

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

Based on record review and interview the facility failed to ensure 1 out of 4 sampled staff have evidence of negative examination on an annual basis.

Findings included:

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Record review on showed that administrator ' s last statement of a negative examination was dated .

During an interview on at 11:07 AM, the owner acknowledged that administrators ecidence of having a negative examination was out dated.

Class III

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

Based on record review and interview the facility administrator failed to participate in 12 hours of continuing education in the last 2 years.

Findings included:

Record review on at 11:00 am showed the administrator's 12 hours of continuing education documentation dated on .

During an interview on at 11:07 AM the facility's owner confirmed that the administrator did not have the 12 hours of continuing education in record.

Class III

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

Based on record review and interview the assisted living facility failed to ensure 3 out of 4 sampled staff (owner and administrator) have a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Findings included:

Record review on showed that the owner ' s 2 hour ' s medication training was dated . Furthermore, record review for staff C, showed that the facility did not have any documentation of the staff being trained in assistance with self-administration of medication. Subsequent record review for administrator ' s showed the last assistance with self-administration of medication training was dated .

During an interview on at 11:30 AM the owner acknowledged, they were missing a lot of staff training including the assistance with self-administrationof medication training

Class III

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0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview the facility failed to maintain a clean and safe environment to residents.

Findings included:

Observation during tour on , 2014 at 09:15 am revealed that there was debris at the backyard, and there were broken woods on top of the tank (backyard).

Interview with staff A on , 2014 at 1:00 pm admitted that she put woods on the tank (back yard), but there was no problem with the tank.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based in observation, record review and interview the facility failed to ensure the facility Admission / Discharge log updated.

Observation on , 2014 @ 9:50 am revealed that the facility had resident (#4) at the time of survey.

Facility record review on , 2014 @ 10:20 am for Admission/Discharge log revealed that facility did not write resident's (# 4) name/information on the Admission/Discharge log.

Interview with resident (#4) on , 2014 @ 11:00 am revealed that she live in the facility for about 4 months.

Further interview on , 2014 with staff A revealed that she did not have resident (#4) in the Admission/Discharge log as a facility ' s resident.

Class III

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

Based on record review and interview the facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for 1 out of 4 (#1) residents sample

Finding included:

Record review on showed that the resident #1s brother signed the consent for the use of half bed rails to resident #1. Further record review showed that the facility did not have any documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney.

During an interview on at 12:20 PM staff A acknowledged that resident #1 brother signed the consent for the use of half bed rail. Staff B stated, " I do not have any power of attorney or Proxy for representation in her

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record. "

Class III

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

Based on record review and interview the facility failed to have 8 hours of Limited Mental Health training and the 3 hours of continuing education in Limited Mental Health training for 1 out of 4 (administrator and staff B) sampled staff.

Findings included:

Record Review on showed that staff B (hired on /) did not have 6 hour of Limited Mental Health training within 6 months of employment at the facility. Further, record review for administrator showed that he did not have 3 hours (update) of Limited Mental Health training. The administrator's last updated training was dated

During an interview on at 11:05 a.m. staff A acknowledged that staffs (administrator and B) did not have the Limited Mental Health training.

Class III

Z827-Unlicensed Activity 408.812, FS

Based on observation, interview, and record review, the facility failed to notify the Agency of a change in its licensed capacity prior to allowing one residents over capacity to stay at the facility (Resident #4).

Findings included:

Observation during the facility tour on at 8:40 AM a lock door marked as " Employee only. " However, resident #4 lived at the as " Employee only " for 2 months.

During an interview on at 11:00 AM, resident #4 stated, " I am okay, I like to be here. " Furthermore, resident stated, " I do not understand well, but I have a food, " " They take care of me. " Subsequent, the resident #4 stated, " My okay, and the house is clean too; they help with everything. "

During an interview on at 8:57 AM, staff A stated, " I have 7 residents in the facility, " " I know that I ' m over capacity. "

Facility record review on showed facility licensed for 6-bed capacity.

Further, record review on at 12:30 PM showed that resident #4 (admitted /) had a completed resident record at the facility.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December , .

Administrator
Home For All The Angels Corp
9270 Sw 42 Terrace
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on December , 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 01/ 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

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