STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967378	02/20/2015
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 - 0010 - 429.26(1&9) Fs; 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0025 - 429.26(7) Fs; 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0120 - 429.17(3) Fs: 429.275(1)58a-5.021(1) Fac - Fiscal - Financial Stability S-S= D
St - A - 0125 - 429.27(2) Fs; 58a-5.021(3) Fac - Fiscal - Surety Bonds S-S= D
St - A - 0127 - 429.275 (3) Fs; 58a-5.021(4) Fac - Fiscal - Liability Insurance S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation Survey (CCR#2015000940) was conducted on and concluded on . North Miami Angel Gardens ALF, Inc. has the following deficiencies found at the time of the survey.

0010-Admissions - Continued Residency 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review, and interview facility failed to discharge 1 out of 5 (#3) sampled residents that no longer met the continued residency criteria.

Findings included:

On At 7:22 AM during the initial tour, Resident #3 was observed lying in bed covered completely. On at 8:30 AM was observed Resident #3 was in bed, when asked the Administrator move her and sat her down. Resident #3 observed unable to stand up or sit down on her own. On at 10:03 AM Resident was observed still lying in bed in the same position. On at 12:15 PM during lunch observed the Administrator was feeding Resident #3 puree.

On at 10:15 AM resident record review was showed that in the health assessment for the activities of daily (ADL) levels were marked for assistance not that Resident #3 required total care with ADLs. The AHCA Form 1823 Page 2, Activities of Daily Living, Ambulation, Bathing, Dressing, Eating, Self-Care and , Tilting, Transferring all are marked as requires assistance.

On at 2:00 PM the Administrator stated, " the activities of daily livin- 's wrong for Resident #3. What happened is that the resident just was put in Hospice on / and she did not get a chance to call the doctor and correct the health assessment."

Class III

0025-Resident Care - Supervision 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation and interview the facility failed to provide incontinence care to 2 out of 5 (#1 and

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#2) sampled residents.

Findings included:

During an interview on at 8:46 AM, Resident #1 stated they change my briefs only ones a day.

During an interview on at 8:55 AM, Resident #2 stated once a day, if the brief is not dirty they do not change it during the day.

During the survey on from 7 AM to 2 PM, the residents were not taken to the their briefs were not cnanged.

Class III

0120-Fiscal - Financial Stability 429.17(3) FS: 429.275(1)58A-5.021(1) FAC

Based on record review and interview the facility failed to provide bank statements for the last six months to prove financial stability.

Findings included:

Record review found the facility could not provide documentation to prove financial stability. Bank statements for the last six months was requested from the facility but were not provided during the survey.

On at 4:00 PM the Administrator, stated that she was going to fax them not later. Note the facility did not receive a fax from the facility as if .

Class III

0125-Fiscal - Surety Bonds 429.27(2) FS; 58A-5.021(3) FAC

Based on record review and interview the facility whose Owner/Administrator served as a representative payee for 2 out of 5 (#1 and #2) sampled residents failed to have a surety bond.

Findings included:

On at 9:00 am during facility's record review revealed that the facility's Administrator served as the representative payee for Residents #1 and #2.

On at 2:00 PM, the Administrator stated that she was unaware that she needs to have a surety bond if she served as representative payee for facility residents.

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Class III

0127-Fiscal - Liability Insurance 429.275 (3) FS; 58A-5.021(4) FAC

Based on record review and interview the facility failed to maintain liability insurance coverage in force at all times.

Findings included:

On at 7:45 AM record review was found that the facility's liability insurance was present. Record review found that the facility did not have proof of insurance.

On at 2:00 PM the Administrator, stated "I thought that I have it but I was wrong."

Class III

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

Based on record review and interview the facility failed to ensure 1 out 5 (#3) sampled residents to have a Power of Attorney (POA), Surrogate or Guardianship documentation.

Findings included:

On at 10:15 AM record review found Resident #3 (admitted on) family member signed her documents without a POA, Surrogate, or Guardianship documentation.

On at 2:00 PM the Administrator, stated that she was going to request one from the resident's daughter to have on file.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
North Miami Angel Gardens Alf Inc
13010 Ne 9th Avenue
North Miami, FL 33161

RE: CCR #2015000940

Dear Administrator:

This letter reports the findings of a Complaint Investigation survey that was conducted on , 2015 and concluded on , 2015 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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