STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968092	02/24/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Vangela's Alf Corp	789 Nw 145 Terrace Miami, FL 33168	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Repeat Tags:
0078-Staffing Standards - Staff-58a-5.019(2) Fac

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring Survey Revisit was conducted on 24, 2015. Vangela's ALF Corp had an uncorrected deficiency at time of Revisit Survey.

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

Based on record review and interview the facility failed to provide evidence of a negative examination on an annual basis of Registered Nurse contracted by facility to provide limited nursing services.

Findings included:

Record review of Registered Nurse contracted by facility to provide limited nursing services revealed that the last examination was conducted on and was negative.

Facility owner stated on , 2015 at 10:15 am that she works with d se in the same home health agency and that the home health agency only request the examination every 2 years.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Vangela's Alf Corp
789 Nw 145 Terrace
Miami, FL 33168

Dear Administrator:

This letter reports the findings of a Limited Nursing Services Monitoring revisit survey conducted on , 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2015.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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