STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968473	03/19/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ANGELS TOUCH ASSISTED LIVING	48 E OAK ST APOPKA, FL 32703	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

The re-licensure survey was conducted on [redacted] Angels Touch Assisted Living had deficiencies found at the time of the visit.

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

Based on staff record review and interview the facility failed to ensure that 1 of 3 staff (C) had annual statements from their health care provider documenting freedom from communicable [redacted] including [redacted]
Findings:

Staff record review revealed staff #C hired on [redacted] revealed no documentation to confirm that she was free from communicable [redacted] including [redacted]
In an interview with the administrator on [redacted] at 4:30 PM she stated she had no documentation in the file.
Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on personnel record review and interview the facility failed to ensure that 2 of 3sampled staff (B and C) received the required in-service training within 30 days of hire.
Findings:
1. Personnel record review for Staff B revealed she was hired on [redacted] and the following training was not received until [redacted] (more than 30 days):
Elopement Response Training
Emergency Preparedness & Evacuation Training
Personnel record review for Staff B also revealed she took Recognizing/Reporting [redacted] and Neglect but the certificate did not include
2. Personnel record review for Staff C revealed she was hired on [redacted] and the following training was not received until [redacted] (more than 30 days):
ADL & Behavioral Needs Training
Elopement Response Training
Emergency Preparedness & Evacuation Training
Incident Report Training
Resident Rights Training
Personnel record review for Staff C revealed no certificate for Nutritional & Safe Food Handling (1 hour) within 30 days of hire.
In an interview with the administrator on [redacted] at approximately 4:30 PM she stated she was not able to find the certificate in question
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

1, 2015

Administrator
Angels Touch Assisted Living
48 E Oak St
Apopka, FL 32703

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted 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 Lorraine Henry at 407-420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

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