STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953224	04/10/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ANGELS GARDEN INC.	8003 NORTH ROME AVENUE TAMPA, FL 33604	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY.

A Biennial Licensure Survey was conducted on

Angels Garden had deficiencies found at the time of this visit.

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

Based upon record review & staff interview the facility failed to ensure that a written record was maintained, updated as needed concerning changes in condition for 1 (#7) of 2 resident records reviewed.

Findings Include:

A review of the record for resident #7 on revealed that on the health care provider came to the facility for follow-up assessment subsequent to the residents recent hospitalization on

There were no progress notes on file concerning the residents condition leading up to this hospitalization. During an interview with the administrator at 2:30 p.m. it was stated that the resident developed & had When asked why there was not anything documented about the residents condition the adminstrator said that she keeps her notes on her phone but had not transferred the notes to the record.

The administrator was using a notebook app. on her cell phone to keep notes. It was explained that all resident progress notes are required to be in the residents record, additionally she was informed that confidentiality is compromised associated with her current practice of maintaining the information in her cell phone.

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based upon observation, record review & interviews, the facility failed to ensure that leisure activities were provided at a minimum of 6 days per week for not less then 12 hours.

Findings Include:

During tour on , an activities calendar was observed posted at the far end of the large sitting the north wall. The activity calendar noted that from 9am to 10:00am an exercise program was to be implemented. No exercise program was witnessed being conducted since entry to the facility at 9:30 a.m.
From the time entered into the facility until leaving at 4:00pm no activities were offered.

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0026 Continued From page 1

During confidential resident interviews (10:30, 10:50 a.m. & 1:30 p.m.) with 3 residents it was stated that no activities are held here. One resident stated that they (facility) does not have daily activities. Another resident said that they really didn't have any activities, when asked specifically about activities listed on the posted calendar of bingo & morning exercise the resident responded no, that they had a Christmas party during the holidays & for Easter the facility put decorations on the dining . . . . . This resident added that when another staff had worked here they had activities daily.

During interview with the facility administrator (approximately 2 p.m.) regarding activities she acknowledged that since a certain staff person left the facility activities are not offered every day.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based upon observation during the noon medication pass the staff responsible for assisting residents with their medications did not ensure the medications were locked at all times.

Findings Include:

During the noon medication pass on , the staff responsible for assisting residents with medications removed the medicine for resident #5 from the medication cart. She poured the dosages of medications from the container into a small paper cup, placed the pill bottles back in the medication cart then walked away from the cart & across the , the resident seated at the dining . . . . . to assist him with his medications. The staff left the cart unlocked.

Class III

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

Based upon record review& staff interview the facility failed to ensure that 1 (C) of 3 personnel records contained documentation of required training.

Findings Include:

A . . . . . review of the personnel record for staff C, hired on . . . . revealed there was no documentation of having the following required training within 30 days of employment.

1, Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation..
2. Reporting major incidents.

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(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0081 Continued From page 2

3. Reporting adverse incidents
4. Resident rights in an assisted living facility.
5. Recognizing and reporting resident , neglect, and (this was an on-line course done though a California based web-site which did not comply with requirements for State of Florida.-the course noted it to be a Patient Rights course.)
6. The implementation of the facility elopement response policies and procedures.

Class III

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

Based upon observation during the noon medication pass, the staff responsible for assisting residents with their medications did not follow appropriate procedures.

Findings Include:

During the noon medication pass on , the staff responsible for assisting resident #5 his medications walked over to the resident with the residents pills in a small paper cup & handed the cup to the resident & told him to take his medications without informing the resident what medications he was receiving or the purpose of the medication.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based upon observation & record review the facility failed to maintain a substitution list for menu changes prior to the meal being served.

Findings Include:

During the noon meal observation on , the menu noted that the residents were to receive cheese burgers, french fries, lettuce & tomatoes, cole slaw & ice cream., the menu noted the same items but also listed that the residents were to also receive Cole slaw.

During interview (approximately 1 p.m.) with the staff preparing the meal when asked why Cole Slaw was not received she stated that it was difficult for the residents to chew. No other item of equal nutritional value was offered.

When asked for the facility substitution list the staff indicated they did not have one.

Class III

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

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Angels Garden Inc.
8003 North Rome Avenue
Tampa, FL 33604

Dear Administrator:

This letter reports the findings of a biennial 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 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 Paul Brown, HFES, at (727) 552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

St. Petersburg Field Office
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