| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967378 | 04/21/2015 |
| 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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - Initial Comments**

A Limited Nursing Services Monitoring Survey was conducted on , 21, 2015. North Miami Angel Gardens ALF, Inc. with Limited Nursing Services and Limited Mental Health components had deficiencies at time of the survey.

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

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

Findings included:

Record review of Registered Nurse contracted by the facility revealed that the last examination was completed on and the result was negative. The facility did not have any evidence of a current examination.

Registered Nurse contracted by the facility stated on / at 10:20 am that he will fax a copy of the new test result later today.

Class III

**0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC**

Based on record review and interview the facility failed to have a copy of the level II background screening results of Registered Nurse contracted by the facility to provide limited nursing services.

Findings included:

Record review of Registered Nurse contracted by the facility revealed that there was no copy of the level II background screening results.

Record review of Background Screening website revealed that the Level II background screening was completed on and he is eligible.

On / at 10:20 am Registered Nurse stated on the phone that he left copies of his documents at the facility but that he will fax them again later today.

On / at 11:10 am the facility's Owner stated that she will print a copy of the results of the level II background screening and will place it on the Registered Nurse chart.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967378** | **04/21/2015** |
| 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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

**N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC**

Based on record review and interview the facility failed to have a contract or an application on file of Registered Nurse contracted by facility to provide limited nursing services.

Findings included:

Record review of Registered Nurse contracted by the facility to provide limited nursing services revealed that there was no a contract or an application for employment at the facility.

Facility owner stated on / at 10:45 am that the Registered Nurse contracted by the facility to provide limited nursing services is new as the old nurse did not want to continue with the contract. She also stated that she has copy of his documents but that she needed a blank contract for the nurse to sign it because the only copy that she has at the facility has the name of the nurse that was contracted before.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a Limited Nursing Services Monitoring 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 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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