STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965085	05/13/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ANGELS HOME INC (THE)	9564 SW 58 STREET MIAMI, FL 33173	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Angels Home Inc. (the) with Limited Nursing Services (LNS) and Limited Mental Health (LMH) services components had the following deficiencies at the time of the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on observation, record review and interview, the Assisted Living Facility failed to have a health assessment (AHCA form 1823) that indicated a significant changed for one (#5) out of seven sampled residents.
Findings included:
Observation on at 10:37 AM revealed that Resident #5 was on # resting on bed. Nurse from hospice needed to reposition Resident#5 and used total assistant to reposition her. Surveyor observed that Resident #5 had a in the sacrum and assessed on healing progress.
Record review of Resident #5's file revealed that health assessment completed on / indicated Resident #5 needed assistant with ambulation, bathing, eating, self-care, toileting and transferring and supervision with eating; she did not have any stage pressure sores and she was not bedridden. Resident #5 received hospice services since with diagnosis of .
In an interviewed with administrator on at 11:30 AM revealed that she thought that her assessment for Resident #5 was enough.
Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the facility failed to appoint a manager that serve as an administrator of other assisted living facility.

Findings Include:

Review of facility finder showed the administrator supervised two assisted living facilities. The facility manager is the administrator of one assisted living facility.

Interview conducted on at 2:30 PM, Staff A, administrator confirmed that she is the administrator of two assisted living facilities and the facility manager is the administrator of one assisted living facility.

Class III

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

Based on record review and interview, the facility failed to keep on file an updated documentation of freedom from for one three out of four staff (Staff A, B, C and D).

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0078 Continued From page 1

Findings include:

Review of Staff A, B, C and D records on at 10:00 AM, showed Staff A, B, C and D did not have their annually documentation that they did not have any signs or symptoms of a communicable including. The last statement on file was dated for Staff A was dated , Staff B was dated //, Staff C was dated and Staff D was dated //.

During an interview on at 2:30 PM. Staff A, administrator stated that she, Staff B, C and D did not have documentation of freedom from in their files.

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview, the facility administrator failed to participate in 12 hours of continuing education in the last 2 years.

Findings include:

Review of Staff A, facility administrator record showed it did not have documentation that she participate in 12 hours of continuing education in the last 2 years.

Interview conducted on at 2:10 PM, Staff A, administrator stated that she did not participate in 12 hours of continuing education in the last 2 years.

Class III

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

Based on record review and interview the facility failed to provide annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF for three out four staff (Staff A, C and D).

Findings include:

Review of Staff A, C and D records showed it did not contain documentation that the received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF. Staff A, C and D training expired on //.

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SUMMARY STATEMENT OF DEFICIENCIES
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0084 Continued From page 2

During an interview on at 2:30 PM, Staff A, administrator stated that she and Staff C and D assist the residents with self-administered medications. She stated that they did not receive a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on observation, record review and interview the facility failed to ensure that Staff A, B, C and D have obtained, annually, a minimum of two hours continuing education in topics pertinent to nutrition and food service in an ALF.

Findings include:

Record review for Staff A, B, C and D had no documentation that they received a minimum of two hours continuing education, annually, in topics pertinent to nutrition and food service in an ALF. Staff A, C and D most current nutrition and food service training received was dated and Staff B was dated Interview conducted on at 2:30 PM, Staff A, administrator stated that they did not obtain a minimum of two hours continuing education in topics pertinent to nutrition and food service in an ALF.

Class III

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

Based on record review and interview, the facility failed to ensure that resident record include a copy of the written informed consent for unlicensed staff assisting the residents with the self-administration of medication for one out of two sampled residents (Resident #1). The facility failed to have a weight record every six months for one out of two sampled residents (Resident #1).

Findings include:

Resident #1 record review showed that she was admitted at the facility on . Health Assessment done on indicated that the resident needed assistance with bathing, dressing and toileting. Resident record review for Resident #1 did not have evidence that a written informed consent was obtain from the residents or resident's surrogate, guardian, or attorney-in-fact's.

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SUMMARY STATEMENT OF DEFICIENCIES
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0162 Continued From page 3

Interview conducted on at 3:00 PM the facility administrator stated that she provides assistance with the self-administration of medication to Resident #1 and the facility did not have a weight record every six months for Resident #1.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to complete and submit one day and fifteen day adverse incident report for one out of two (Resident #1) sampled residents.

Findings Include:

Review of Resident #1 record review showed that she was admitted at the facility on) Asse t dated indicated that the resident was diagnosed with , , and by the n. The resident requires supervision with ambulation, eating, and transfer and assistance with bathing, dressing and toileting.

The progress notes document that the resident felt on The resident was transferred to the hospital by ambulance. The resident and hit in her shoulder on . Her daughter was contacted. Rescue tra the resident to the hospita.. She broke her arm. Resident felt when she tried to stand up from her bed on Daughter and Rescue were contacted. The family decided not transfers her to the hospital.
Interview conducted on at 2:45 PM, facility administrator stated that she did not submit one day and fifteen day adverse incident rep.. .. esident #1.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, one out of two resident records reviewed (Resident #1) did not contain a resident contract with the facility executed at or prior to admission.

Findings Include:

Review of Resident #1 record showed it did not contain a resident contract with the facility executed at or prior to admission. Resident #1 was admitted on / /

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SUMMARY STATEMENT OF DEFICIENCIES
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0167 Continued From page 4

Interview conducted on at 2:30 PM, the administrator stated that in-fact, the facility had not executed and entered into a contract with Resident #1.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Angels Home Inc (the)
9564 Sw 58 Street
Miami, FL 33173

Dear Administrator:

This letter reports the findings of a Standard Biennial 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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