RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Syerra's Angels Inc
8 Almond Place
Ocala, FL 34472

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by a representative of this office.

Enclosed 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure
XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968839	**06/30/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SYERRA'S ANGELS INC	**8 ALMOND PL OCALA, FL 34472**	

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

0000 - Initial Comments

On 1/ an announced initial licensure survey was conducted at Syerra's Angels Assisted Living Facility in Ocala Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

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

Based on record reviews and interviews the facility failed to ensure that there was available trained staff to assist residents with medication for all future 6 of 6 residents.

Findings:

On 1/ a record review was conducted on staff A and the Administrator. It was observed that staff A did not have the required assistance with self-administration of medication. It was observed that the Administrator received her initial 4 hr medication training on : but did not have any documentation showing she had received her two hour update in 2014 or 2015.

On 1/ at approximately 1:30 PM an interview was conducted with the Administrator in reference to the missing medication training. She stated she did not know she had to have 2 hours of continual training, and she would schedule the appropriate training as required.

Class III