STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912008	06/17/2015
NAME OF PROVIDER OR SUPPLIER **ANGELES ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **10923 SW 5 STREET** **MIAMI, FL 33174**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2015. Angeles Assisted Living Facility Inc. with Limited Nursing Services and Limited Mental Health component had the following deficiencies found at time of the survey:

L243 LMH - Training

Based on record review and interview the facility failed to ensure that one out of three sampled employees' (Staff F.) received the minimum 3 hours of Continuing Training in Limited Mental Health.

On / record review for Staff F. (hire date /) revealed Staff F 's file did not contain the required documentation for the minimum 3 hours of Continuing Training in Limited Mental Health.

On at 2:15 PM Staff A. stated, " I know we all took the training, I have to find it and include it in the file. "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Angeles Alf Inc
10923 Sw 5 Street
Miami, FL 33174

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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send 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(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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