STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966115	06/15/2015
NAME OF PROVIDER OR SUPPLIER **ANGELS FOREVER, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7201 SW 142 AVENUE** **MIAMI, FL 33183**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on . Angels Forever Inc had the following deficiencies at time of survey.

0055 Medication - Storage and Disposal

Based on observations, and interview the facility failed to ensure stored medications are kept locked, locked cart, or other locked storage receptacle, , at all times.

Findings included:

On at 8:20 AM during tour of the facility showed the medication for the residents was in a cabinet located in the kitchen area with a locked hanging but it was not secure(Picture).

On at 8:30 AM interview with staff B, she stated that she just finished giving the medication when the doorbell rang and it was me, the surveyor, that it was the reason why she forgot to locked and secure the medication.

On at 1:00 PM during and interview with the Administrator, she acknowledge the findings and she stated that she was going to make sure to have that medication locked at all times.

Class III

0080 Training - Core & Competency Test

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

Findings included:

On at 11:00 AM, record review showed that the administrator's 12 hours of continuing education documentation was missing in the files.

On at 1:00 PM on an interview with administrator, she stated that she was aware of the finding and she was going to correct them as soon as possible.

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 Forever, Inc
7201 Sw 142 Avenue
Miami, FL 33183

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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