STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963963	07/13/2015
NAME OF PROVIDER OR SUPPLIER **ANGELES RESIDENTIAL, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6341 PALM AVENUE** **HIALEAH, FL 33012**	

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

0000 Initial Comments

A Standard Biennial survey was conducted on , 2015. Angeles Residential Inc., had the following deficiencies at time of the survey.

0055 Medication - Storage and Disposal

Based on observation and interview the facility failed to discard discontinues or abandon medications.

Findings included:

Observations during the facility tour on at 9:00 am revealed that there were three white bags full of medication belonging to discharged residents. These were discarded medications inside an desk inside the facility office.

Interview on at 11:00 am that he acknowledged that there were discard medications in the facility that needed to be discard.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Angeles Residential, Inc
6341 Palm Avenue
Hialeah, FL 33012

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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