STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968444	08/06/2015
NAME OF PROVIDER OR SUPPLIER **TOUCHED BY ANGELS ASSISTED OF CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2780 NW 13TH COURT FORT LAUDERDALE, FL 33311**	

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

0000 Initial Comments

An unannounced Relicensure survey with a Limited Mental Health component was conducted on 8/6/15 at Touched by Angels Assisted of Care Assisted Living Facility. The facility had deficiencies identified at the time of the survey.

0078 Staffing Standards - Staff

Based on record review and interview, the facility's personnel records did not include evidence of negative examination, for one out of four sampled personnel records reviewed (Staff B). Findings included:

Record review of Staff B's personnel file (hire date), revealed the file lacked evidence of a negative examination. Observations conducted throughout the survey on revealed Staff B was observed assisting residents with Activities of Daily Living (ADLs).

During an interview with the Administrator (Staff A) on / at 12:35 PM, she stated, " I will schedule her test as soon as possible. "

Class III

L243 LMH - Training

Based on record review and interview, it was determined the facility failed to ensure that all staff who have direct contact with mental health residents in the facility had received a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses, for three out of four sampled employees' records reviewed (Staff B, Staff C and Staff D).

Findings Included:

Review of the facility's license revealed the facility was licensed as an Limited Mental Health (LMH) facility. Record review of sampled employees files revealed 3 records failed to contain documentation indicating the employees had received the required 6 hours of LMH training within 6 months of employment. The following was noted specifically regarding Staff B, C and D.

a) Staff B's documented date of hire was , no documentation of LMH training.
b) Staff C's documented date of hire was /), no documentation of LMH training.
c) Staff D's documented date of hire was /), no documentation of LMH training.

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During an interview with the Administrator (Staff A) on 8/6/15 at 12:35 PM, she stated, " I have them scheduled for the DCF Class Scheduled 9/23/15. "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Touched By Angels Assisted of Care
2780 NW 13th Court
Fort Lauderdale, FL 33311

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on , 2015 by representative 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 representative. Should you have any questions please call this office at Arlene Mayo-Davis.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/sf
Enclosure

XG90

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