STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968092	10/06/2015
NAME OF PROVIDER OR SUPPLIER **VANGELA'S ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **789 NW 145 TERRACE** **MIAMI, FL 33168**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2015. Vangela's ALF Corp. with Limited Nursing Services component had deficiencies identified at time of survey.

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and interview the facility failed to have a signed consent for the use of side rails for 1 out of 4 sampled residents (# 1).

Findings included:

During the facility tour on observed one bed in # 1 with full side rails.

Facility owner stated at 8:30 am on / that that bed is occupied by Resident # 1 who is under hospice services and that the resident uses full side rail.

Record review revealed that there was a prescription for full side rail on the hospice record. Record review also revealed that there was no consent for use of full side rail neither in the facility record or the hospice record.

Facility owner stated at 9:40 am on "I did not know that the resident on hospice also needs a consent for side rails. I will call her daughter to come and sign one for me."

Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to document evidence of a negative examination on an annual basis for 1 out of 3 sampled employees (Staff C).

Findings included:

Record review of Staff C revealed that the last freedom of statement was dated /. The facility failed to document evidence of a negative examination on an annual basis for Staff C.

Staff C stated on at 11:00 am: "I thought that the test was good for 2 years. I will

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get a new test done as soon as possible."

Class III

0081 Training - Staff In-Service

Based on record review and interview the facility failed to ensure that staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides receive in-services within 30 days of employment on activities of daily living (ADLs) and Behavioral Needs. Incident Reporting, Resident Rights and Recognizing and Reporting , Neglect and for 1 out of 3 sampled staff (Staff B).

Finding included:

Record review of Staff B (date of hire /)'s record revealed that Staff B was missing the following training: ADLs and Behavioral Needs, Incident Reporting, Resident Rights and Recognizing and Reporting , Neglect and which were supposed to be completed within 30 days of employment.

Facility owner stated on / at 12:00 pm that she did not know that those training were missing at that she thought that Staff B had all the training.

Class III

0083 Training - First Aid and

Based on record review and interview the facility failed to ensure that staff have documentation showing that First Aid and training was completed for 2 out of 3 sampled employees (B and C).

Finding included:

Record review revealed that Staff B did not have any documentation showing that he completed the First Aid training. Record review also revealed that Staff C's card expired on 2014 (did not specified the month).

On at 10:45 am facility owner (Staff C) stated that Staff B did his First Aid training but, the entity that provided the training did not provide a card to prove that Staff B completed the First Aid training. Also facility owner (Staff C) stated that she did not realize that her was already expired.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0162 Records - Resident

Based on record review and interview the facility failed to provide a copy of documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for 1 out of 4 sampled residents (Resident # 1).

Findings included:

Record review of Resident #1 file and hospice record revealed that all her documents had been signed by a person other than the resident. Record review of Resident #1 file also revealed that there was no copy of documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for Resident #1.

Facility owner (Staff C) stated on at 11:15 am that the daughter of Resident # 1 has been signing for her mother, but that she has not brought any legal document stating that her mother designated her as her legal representative.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Vangela's Alf Corp
789 Nw 145 Terrace
Miami, FL 33168

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

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