STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965085	10/14/2015
NAME OF PROVIDER OR SUPPLIER **ANGELS HOME INC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **9564 SW 58 STREET** **MIAMI, FL 33173**	

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

0000 Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on , 2015. Angels Home Inc (the) with Limited Nursing Services and Limited Mental Health component had the following deficiencies found at time of survey.

0162 Records - Resident

Based in record review and interview, the Assisted Living Facility failed to have a resident record for one (#6) out of seven sampled residents.

Findings include:

1. Record review of Resident #6's file revealed that facility just had day care record.

2. In an interview with Resident #6's son via telephone on at 2:20 PM confirmed that his mother used to be a day care but now she lives in the facility 24 hours.

Class III

Z827 Unlicensed Activitv

Based on observation and interview, the Assisted Living Facility exceeded the license capacity of six residents.

Findings included:

1. Observation on / at 12:34 PM during tour of facility revealed that there were six residents (#1, #3, #4, #5, #6, and #7) physically presented in the facility

2. In an interview with the Administrator on at 12:50 PM revealed that Resident #2 went to the doctor but she lived in the facility.
In an interview with Resident #3 on / at 2:11 p.m. revealed that she lived in the facility.
In an interview with Resident #4 on / at 2:15 p.m. revealed that she lived in the facility.
In an interview with Resident #7's daughter via telephone on / at 2:16 PM and she confirmed that her mother lived in the facility 24 hours.
In an interview with Resident #5 on at 2:17 PM revealed that she lived in the facility.
In an interview with Resident #6's son via telephone on at 2:20 PM confirmed that his

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mother used to be a day care but no any more, at time of survey she lived in the facility 24 hours.

In an interview with Resident #1's niece via telephone on at 2:24 PM confirmed that her aunt lived in the facility 24 hours.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Angels Home Inc (the)
9564 Sw 58 Street
Miami, FL 33173

Dear Administrator:

This letter reports the findings of a Limited Nursing Services Monitoring 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 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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