STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966115	**10/21/2015**
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 Limited Nursing Services Monitoring Survey was conducted on , 2015. Angels Forever, Inc. with Limited Nursing Services and Limited Mental Health component had the following deficiency found at time of survey.

0007 Admissions - Criteria

Based on observation, record review and interview, the Assisted Living Facility failed to meet the admission criteria for two (#1 and #2) sampled residents.

Findings included:

Record review of Resident #1's file revealed that Resident #1's admission date was and was admitted under hospice services on . Hospice nursing note from indicated that Resident #1 was bedbound. Further record review of Resident #2's file revealed that Resident #2's admission date was .

Observation on at 10:22 AM revealed that Resident #1 was resting on bed with full bed rail up and on at 2 liters per minute via nasal cannula.
Observation on at 10:22 AM revealed that Resident #2 was resting on bed, contracted.

In an interview with Caregiver A on at 10:26 AM revealed that Resident #1 at admission time walked with assistance but he came back from hospital with complete change in condition needing total assistance. Caregiver A stated that Resident #2 at time admission walked with assistance of a walker.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation and record review, the Assisted Living Facility failed to have a resident consent for the use of full-bed rail as well as to have a doctor order for the use of full-bed rail.

Findings included:

Observation on at 10:22 AM revealed that Resident #1 was resting on bed with full bed rail up and on at 2 liters per minute via nasal cannula.

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SUMMARY STATEMENT OF DEFICIENCIES
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Record review of Resident #1's file revealed that there was not doctor order for the use of full-bed rails and there was not resident consent the use of full bed rails.

Class III

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 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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