RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Syerra's Angels, Inc.
8 Almond Place
Ocala, FL 34472

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on
2015 by a representative of this office.

Enclosed 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968839 | 10/30/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>**SYERRA'S ANGELS INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**8 ALMOND PL**<br>**OCALA, FL 34472** | |

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

**0000 Initial Comments**

A monitoring visit was conducted at Syerra's Angels Inc. Assisted Living Facility on 21-30, 2015. The provider had deficiencies at the time of the visit.

**0160 Records - Facility**

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to maintain an up-to-date admission and discharge log that showed 2 of 2 residents (Resident #1 and #2) that were discharged from the ALF. Also, the ALF failed to maintain required records for 1 of 2 residents (#1). Findings include:

1) A review of the admission and discharge log revealed it was blank with no documentation of any residents.

2) During an interview on [redacted], 2015 at 3:45 PM, the Administrator reported that Resident #1 was only at the facility for about three days and Resident #2 was at the facility for about four months. She stated she had no records for Resident #1. The Administrator reported the admission and discharge log was blank because she did not complete the log.

Class III