STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967125	11/04/2015
NAME OF PROVIDER OR SUPPLIER **ANGELES SENIOR CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **13751 SW 17 TERRACE** **MIAMI, FL 33175**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2015. Angeles Senior Care had the following deficiencies identified at time of the survey.

0026 Resident Care - Social & Leisure Activities

Based on observation, record review and interview the facility failed to encourage the residents to participate in social, recreational, educational and other activities within the facility and the community.

Findings included:

Observation made on / at 9:00 AM during the facility tour found activities calendar posted in the facility. The calendar has Domino's listed from 2 PM to 4 PM. Residents were observed through out the day sitting outside, watching television, taking naps in the recliners and couches and walking around the facility.There were no activities done with the residents from 2:00 PM to 3:23 PM.

Interview on / at 3:20 PM stated, "We do usually activities with them. The church came this morning to do prayer with them."

Class III

0052 Medication - Assistance with Self-Admin

Based on observation and interview the facility's staff failed follow appropriate procedures when assisting with self administration of medication for two out of six sampled residents (#2 and 6).

Findings included:

On / at 12:01 PM Staff D was observed assisted with self administration of medication to Resident #2 and 6. Staff B unlocked the medication cabinet and did not review the medication book. Resident was not told what medication she is taking and what it was for. Resident #2's medication were crushed then poured in some ice cream and observed swallowing it. Resident #6 was given medication in a cup and observed swallowing it. Staff D did not initial the medication book until 1:13 PM.

On / at 3:20 PM the Administrator stated, "They know how to do it. They do so often and missed some steps."

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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_____, 2015

Administrator
Angeles Senior Care
13751 Sw 17 Terrace
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a Standard Biennial Survey that was conducted on 4, 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

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