STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968092	R 12/30/2015
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 Revisit Survey was conducted on 30, 2015. Vangela's ALF Corp. with Limited Nursing Services component had uncorrected deficiencies at time of survey.

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview the facility failed to have a signed and dated consent form for the use of bed rails for 1 out of 3 (Resident #1) sampled residents.
Findings included:
Reviewed Resident #1's facility and hospice charts. The facility failed to ensure that a consent form for the use of bed rails was signed. At the time of survey, there was not a signed consent form found in the resident's chart or the facility.
Interviewed the Owner on - at 9:30 AM, she confirmed the findings in regards to not having Resident #1's signed and dated consent form for the use of bed rails.
Uncorrected 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 3 sampled residents (Resident # 1).
Findings included:
Reviewed Resident's #1's facility chart. The facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for Resident #1.
Interviewed the Owner on - at 9:30 AM, she confirmed the findings in regards to Resident #1 not having any of the documents needed.
Uncorrected Class III

AH Form Approved

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11968092

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
12/30/2015

Name of Facility
VANGELA'S ALF CORP

Street Address, City, State, Zip Code
789 NW 145 TERRACE
MIAMI, FL 33168

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed	ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed	ID Prefix A0083 Reg. # 58A-5.0191(4) FAC LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date: 1/6/16	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than .

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 (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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