STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965085	R
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 revisit survey was conducted on , 2015. Angels Home Inc (the) with limited mental health and limited nursing services components had the following deficiency identified at time of survey:

0077 Staffing Standards - Administrators

Based on record review and interview, the Assisted Living Facility's Administrator who supervised two facilities failed to appoint in writing a separate manager for each facility.

Findings included:

1. Record review revealed that the Administrator supervised two Assisted Living Facilities. Record review revealed that facility did not have appointed in writing a separate manager for each facility and Administrator supervised two Assisted Living Facilities.

2. In an interview on at 11:21 AM the Administrator revealed that she did not need to have manager she never told surveyor that she had a manager in this facility.

In an interview on at 11:42 AM the Administrator revealed that she understood that when an administrator had two facilities just needed a manager for one of them.

Class III

AH Form Approved

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965085	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 12/30/2015

Name of Facility
ANGELS HOME INC (THE)

Street Address, City, State, Zip Code
9564 SW 58 STREET
MIAMI, FL 33173

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 A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed	ID Prefix AZ827 Reg. # 408.812, FS LSC	Correction Completed	ID Prefix Reg. # 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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Reviewed By State Agency	Reviewed By [signature]	Date: 11/12/14	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
Angels Home Inc (the)
9564 Sw 58 Street
Miami, FL 33173

Dear Administrator:

This letter reports the findings of a limited nursing services monitoring 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.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 11, 2016.**

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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