STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966115	R 12/30/2015
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 revisit survey was conducted on , 2015. Angels Forever, Inc. with limited mental health and limited nursing services components had the following deficiencies identified at time of survey:

0007 Admissions - Criteria

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

Findings included:

1. Observation on at 9:50 AM revealed that Resident #1 rested in bed with full bed side rails in #_ and Resident #2 rested in bed with full bed side rail in #_.

2. Record review revealed that Resident #1's admission date was / and was admitted under hospice services on according to hospice record. There was a health assessment (AHCA form 1823) completed on indicating that Resident #1 needed assistance with all activities of daily living (ambulation, bathing, eating, self-care, toileting and transferring) and was not bedridden.

Record review of admission and discharged log revealed that Resident #2's admission date was / and was admitted under hospice services on according to hospice record. There was a health assessment (AHCA form 1823) completed on / / indicating that Resident #2 needed assistance with all activities of daily living (ambulation, bathing, eating, self-care, toileting and transferring) and was not bedridden.

3. In an interview on at 10:35 AM the Caregiver _B revealed that Resident #1 and Resident #2 needed total care for all activities of daily living and they were bedridden.

Uncorrected Class III

0008 Admissions - Health Assessment

Based on record review and interview, the Assisted Living Facility failed to have a completed health assessment 60 days prior to admission or 30 days after admission for two (#1 and #2) out of five sampled residents.

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Finding included:

1. Record review revealed that Resident #1's admission date was / . There was a health assessment (AHCA form 1823) completed on indicating that Resident #1 needed assistance with all activities of daily living (ambulation, bathing, eating, self-care, toileting and transferring) and was not bedridden.

Record review of admission and discharged log revealed that Resident #2's admission date was / . There was a health assessment (AHCA form 1823) completed on / / indicating that Resident #2 needed assistance with all activities of daily living (ambulation, bathing, eating, self-care, toileting and transferring) and was not bedridden.

2. In an interview on at 10:35 AM the Caregiver _B revealed that Resident #1 and Resident #2 needed total care for all activities of daily living and they were bedridden.

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 bed rails as well as to have a doctor order for the use of bed rail for two out of five (#1 and #2) sampled residents. The facility failed to limit physical to half bed rails for two out of five (#1 and #2) sampled residents.

Findings included:

Observation on at 9:50 AM revealed that Resident #1 rested in bed with full bed rails in #_ and Resident #2 rested in bed with full bed side rail in #_.

Record review of Resident #1 and Resident #2's files revealed that there were not resident's records for Resident #1 either for Resident #2. There were no doctor orders in record for Resident #1 either Resident #2 for using bed rails. There was no residents' consent for the use of bed rails in record for Resident #1 or Resident #2.

Uncorrected Class III

0077 Staffing Standards - Administrators

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SUMMARY STATEMENT OF DEFICIENCIES
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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. In an interview on at 10:15 AM the Administrator revealed that Caregiver A has not passed the CORE test but she function as manager since 2015 that she took the training.

2. Record review revealed that Administrator supervised two Assisted Living Facilities.

Record review of Caregiver A's personnel file revealed that job application completed on / and job description as care taker. Caregiver A completed Assisted Living Facility (ALF) CORE training on

Class III

0162 Records - Resident

Based on observations, record review, and interview the facility failed to have resident records for 2 out of two (#1 and #2) sampled residents.

Findings included:

1. Observation on at 9:50 AM revealed that Resident #1 rested in bed with full bed side rail in #_ and Resident #2 rested in bed with full bed side rail in #_.

2. Record review of admission and discharged log revealed that Resident #1's admission date was / and was admitted under hospice services on according to hospice record. Record review of admission and discharged log revealed that Resident #2's admission date was / and was admitted under hospice services on according to hospice record. The facility failed to have completed records for
Resident #1 and Resident #2.

3. In an interview on at 10:15 AM the Administrator revealed that facility had the folder for every resident.

In an interview on / at 10:45 AM the Administrator revealed that she did not know where Resident #1 and Resident #2's records could be.

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

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Angels Forever, Inc
7201 Sw 142 Avenue
Miami, FL 33183

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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