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 second revisit survey was conducted on , 2015. Angels Home Inc (the) with limited mental health and limited nursing services component had the following deficiency identified at the time of the survey:

Z814 Backaround Screenina Clearinahouse

Based on record review and interview, the Assisted Living Facility failed to mainain an employee roster with the Bakground Screening nClearinghouse/Database.
Findings included:
Review of provider account information on Background Screening Clearinghouse revealed that facility has not registered any of its employees. The facility's employee roster was empty.
In an interview on / at 1:54 PM the Administrator stated only that the facility's consultant was responsible for completing everything related to background screening.

Unclassified

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 **second** State Licensure Revisit Survey conducted on 8, 2016 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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 , , 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(s). Should you have any questions please call Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

YOSF

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