STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967260	04/26/2016
NAME OF PROVIDER OR SUPPLIER **ALI ANGELS'S NEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **864 WYOLEN STREET** **JACKSONVILLE, FL 32254**	

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

0000 Initial Comments

On , , 2016 a biennial licensure survey with Limited Mental Health was conducted at Ali Angel's Nest Assisted Living. Deficient practice was identified during the survey.

0079 Staffing Standards - Levels

Based on observation and staff interview, the facility failed to have at least one staff member who has access to resident records in the facility at all times for 5 of 5 residents.

The findings include:

On at 10:30 AM, the facility was found to have one person inside the facility. That person identified herself as a volunteer. There were no other staff members working with the volunteer to supervise. At 10:35 AM a car arrived with the Administrator and Resident #1 in the passenger seat.

During an interview with the Administrator at 10:40 AM she said she was driving Resident #1 to an appointment with her personal physician. She acknowledged she left the volunteer in the ALF alone for a period of time.

Class III

0083 Training - First Aid and

Based on employee record review and staff interview, the facility failed to ensure that staff who are left alone with residents have current First Aid and ( ) that is offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health..

The findings include:

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On at 10:30 AM the facility was found to have one person inside the ALF. That person identified herself as a volunteer. Within a few minutes a car pulled up with the Administrator and Resident #1 in the passenger seat. No staff members were working in the ALF to supervise the volunteer. It was found the Volunteer did not have current training.

During an interview with the Administrator at 10:45 AM she acknowledged she left the volunteer alone in the ALF alone for a period of time.

During an interview with the Administrator on at 2:15 PM, she agreed the volunteer had did not have current training offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health.

Class III

0085 Training - Nutrition & Food Service

Based on employee record review and staff interview, the facility failed to ensure the Administrator or food service designee had 2 hours of CEU's (continuing education units) annually.

The findings include:

A review of the employee record for the Administrator revealed no proof of continuing education for food service annually. Her original training was on , 2012 with a 2-hour update on . There was no evidence of CEU's since that date.

During an interview with the Administrator on at 2:30 pm she stated she did not have any CEU's for food education in the past year.

Class III

0093 Food Service - Dietary Standards

Based on facility record review and staff interview, the facility failed to ensure the regular and therapeutic

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menus were reviewed by a registered dietician annually.

The findings include:

A review of the facility menus revealed the late time the menus were updated by the Registered Dietician was on .

During an interview with the owner/administrator on at 2:05 pm she stated the most recent review of the menus was on . She agreed the menus needed to be updated.

Class III

0161 Records - Staff

Based on document review and staff interview, the facility failed to maintain personnel records as necessary for compliance determination for 1 of 3 staff reviewed.

The findings include:

During a review of the employment file for the Administrator, there was not found documentation of compliance with level 2 background screening as specified in Section 429.174, F.S. and Rule 58A-5.019, F.A.C.

During an interview with the Administrator on the day of survey at 2:30 PM she agreed there was no evidence of a Level II background screen in her employment file. She stated, she remembers having completed a Level II screen but stated she had problems with printing the results.

The Agency for Healthcare Administration background screening website reveals the Administrator to have completed a Level II background screen on . The results are stated as "eligible."

Class III

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0167 Resident Contracts

A review of the contracts revealed there was no refund policy and no provision stating that at least a 30 days' written notice will be given before any rate increase 5 of 5 resident contracts reviewed.

The findings include:

A review of the resident contract for Resident #1 did not contain a refund policy or a 30 provision of notice for rate increases.

A review of the resident contract for Resident #2 did not contain a refund policy or a 30 provision of notice for rate increases

A review of the resident contract for Resident #3 did not contain a refund policy or a 30 provision of notice for rate increases.

A review of the resident contract for Resident #4 did not contain a refund policy or a 30 provision of notice for rate increases.

A review of the resident contract for Resident #5 did not contain a refund policy or a 30 provision of notice for rate increases.

During an interview with the Administrator on at 2:00 PM she agreed there was not a refund policy or a 30 provision for rate increase notification in the files of any of the current residents of the ALF.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Ali Angels's Nest
864 Wyolen Street
Jacksonville, FL 32254

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Mental Health survey that was conducted on , 2016 by a representative 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 , 2016.** 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. Should you have any questions please call this office at -4201.

Sincerely,

a Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Facility Evaluator Supervisor

JS/JM/sm
Enclosure
XG90

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