STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966115	R
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 third Revisit Survey was conducted on 06/16/16. Angels Forever, Inc. (License #10378) with limited mental health and limited nursing services component had the following deficiencies identified at time of survey:

0009 Admissions - Admission Package

Based on observation, record review and interview, the facility failed to have executed resident contract at the time of admission for 1 out of 6 (#4) sampled residents.
Findings included:
Observation on during facility tour at 12:45 PM showed Resident #4 was in # transferring with walker assistance.
Record review on / / showed Resident #4's (admitted on) did not have a signed resident agreement by Resident/ legal guardian or his representative party. At 1:20 PM facility administrator called Resident #4 to the dining table. Facility Administrator did put a facility contract on the table and Resident #4 ' signed.
During an interview on / / at 1:20 PM Resident #4 stated my grandson dropped me off here yesterday to see if I like it.
During an interview on / at 1:15 PM, facility Administrator stated that she cannot take care of this facility anymore.
Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the assisted living facility failed to provide a safe and clean living environment to facility residents.
Findings Included:
During the facility tour on / at 12:45 PM showed that drywall near to the living have white spots. The walls need to be painted. Furthermore was observed in # ceiling with black and yellow substance.
During an interview on at exit conferences the facility Administrator acknowledged the deficiencies. She stated wall need to be painted and in # handy man was waiting for the rain to see what happened.
Class III

0160 Records - Facility

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

Based on observation, record review and interview, the facility failed to have an up-to-date admission and discharge log listing the names for 1 out 6 (resident #4) sampled residents.
Findings included:
Observation on / / during facility tour at 12:45 PM showed Resident #4 was in # transferring with walker assistances.
Record review on showed that Resident #4 (admitted on /) name was not listed on the admission and discharge log.
During an interview on / / at 1:15 PM, facility Administrator stated that she cannot take care of this facility anymore.
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 **third** State Licensure Revisit Survey conducted on
16, 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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