STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968340	06/23/2016
NAME OF PROVIDER OR SUPPLIER **NURSING CARE BY ANGELS, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8085 S BABCOCK ST** **PALM BAY, FL 32909**	

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

0000 Initial Comments

Relicensure survey was conducted on . . . . Nursing Care By Angels, LLC, License#12241, had deficiencies found at the time of the visit.

0054 Medication - Records

Based on record review and interview, the facility failed to ensure the accuracy of the medication observation records (MORs) for 1 of 2 sampled residents (#1).

Findings:

On . . . at 4 p.m., a review of Resident #1's MOR of . 2016 revealed a blank spot under / 12 noon medication: . , ... 50 milligrams (mg.) 1 tablet by mouth everyday at 12 Noon.

On . at 4 p.m., the associated assistant confirmed that staff C missed resident #1's noon medication. She only gave the same medication, . . , ... 100 mg. prescribed for 1 p.m.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to securely store medications of 2 residents (#6 & 7), and failed to return or dispose the medication to 1 resident who was discharged from the facility (#10).

Findings:

1. On . . . / . at 9:45 a.m., a tour of the facility was conducted. The following medications were observed in an unlocked kitchen cabinet:
One bottle of . . . . . liquid 100 milligrams (mg.)/5 milliliter (ml.), date filled . / . / . . Resident #7's name was on the bottle.
One bottle of Megestrol . . . . . Suspension 40 mg./ml., date filled . / . / . . Resident #10's name was on the bottle.
One bottle of Polyetylene Clyco power. Resident #2's name was on the label.
One bottle of Milk of Magnesia. No resident's name was on the label.
Two bottles of . , ... power. Resident #4's name was on both bottles.

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2. On at 10:15 a.m., the following refrigerated medications were observed in the refrigerator located in the kitchen:
A plastic bag contained 3 syringes of Lantus Injection 100 unit/ ., date refilled , and one open bag contained 1 syringe of Lantus Injection 100 units/ml. The labels on both bags showed resident #6's name.
Two bottles of dietary supplement CranDophilus Cranberry. There was no label on neither bottle.

The medications were not in a locked box, the refrigerator was not locked, and the kitchen was accessible to residents and visitors.

On at 10:15 a.m., the associated administrator confirmed the findings and stated that resident #10 was discharged on ./ .

Class III

0093 Food Service - Dietary Standards

Based on observation, record review and interview, the facility failed to have a 3-day emergency water supply, failed to maintain substitution menus with reason noted, and failed to date and plan menus at least 1 week in advance.

Findings:

1. On ./ at 9:15 a.m., eight residents were observed residing in the facility. Staff B confirmed that the census was 8 residents. She also stated that she and staff C were live-in staff.

On / at 10 a.m., a review of the facility food pantry revealed 15 gallons of water. Based on the census of 8 residents and 2 live-in staff, the facility would need to have more 15 gallons of water for 3-day supply, 1 gallon/person x 3 days.

2. A review of the facility files revealed the menus substitutions were kept but no reason noted why the substitution was made.

3. A review of the posted menu showed Week 4 menus. There were no dates on the menus.

The associated administrator stated on ./ at 10:30 a.m., she could not verify how staff would know what week of the menus to use. She could not tell whether the administrator, who was out of town, had a separate list of dates/weeks for the menus. She confirmed that the substitution menus should have

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reason noted on them. She also confirmed that the facility needed more 15 gallons of water. She could not verify whether or not the facility had other means to obtain water in case of emergency situation.

Class III

0160 Records - Facility

Based on observation, record review and interview, the facility failed to maintain an up-to-date admission and discharge logs.

Findings:

On at 9 a.m., upon arrival to the facility staff B stated that the resident census was 8 residents.

1. A review of the facility admission and discharge logs revealed that resident #8 was not listed on the log. Resident #8 was observed residing in the facility. At 11:30 a.m., resident #8 stated that she had been living at the facility for a long time, but did not remember when she had moved in.

2. Review of the facility admission and discharge logs revealed revealed resident #9's name was on the log as a current resident. That would make nine residents living in the facility.

On at 2 p.m., the associated administrator stated that resident #9 had a few weeks ago. She confirmed that the admission and discharge logs were not kept up to date.

Class

0162 Records - Resident

Based on record review and interview, the facility failed to have resident contracts available for review for 2 of 2 sampled residents (#1 & 2).

Findings:

A review of resident #1's and #2's charts revealed resident contracts were not available for review. Resident#1 was admitted to the facility on / . Resident#2 was admitted on / .

On at 2 p.m., the associated administrator confirmed that she could not find a key to unlock the filing cabinet where resident contracts were kept.

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Class

Z814 Background Screening Clearinghouse

Based on record review and interview, the facility failed to maintain its employee status under the Agency Background Screening (BGS) Clearinghouse web page.

Findings:

A review of the facility staffing schedule revealed 2 care givers, the administrator and his wife, working at the facility.

On a review of the facility employee roster under the agency BGS web page revealed 3 staff care givers listed.

On / at 11:45 a.m., the associated administrator stated the third staff on the list no longer worked at the facility. She confirmed that the administrator had not updated the roster.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Nursing Care By Angels, LLC
8085 S Babcock St
Palm Bay, FL 32909

RE: Re-licensure

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) 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(s). Should you have any questions please call Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

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