RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Angeles Residential, Inc
6341 Palm Avenue
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2017 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 , 2017.** 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL
Phone:(305) 593-3100; Fax:(305) 593-3121
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963963	01/09/2017
NAME OF PROVIDER OR SUPPLIER **ANGELES RESIDENTIAL, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6341 PALM AVENUE HIALEAH, FL 33012**	

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

0000 - Initial Comments

A Complaint (CCR#2016012206) survey was conducted on / to / . Angeles Residential Inc., with Limited Mental Health and Limited Nursing Services component, license # 9146 had the following deficiencies found at the time of the survey:

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to have a written record or documentation for 3 out of 3 (#1, # 2 and #3) sampled residents after a significant change in condition.
Findings included:
Facility record admission and discharge log showed that Resident ' s #1 and #2 were discharged from the facility on / and Resident #3 ' was discharge on / .
Record review of discharged Resident #1 revealed that health assessment (AHCA form 1823) dated listed the following: a diagnosis ' s; physical limitation - precaution,;the status- memory loss and identifying Resident #1 as needing supervision with ambulation , eating , toileting and transferring; assistance with bathing, dressing and self-care, assistance with self-administration of medication. The facility did not have written documentation or the proper notes of change in condition in the file that Resident #1 was transferred to the hospital or that a facility member was contacted regarding the resident's change in condition.
Resident #2 's health assessment (AHCA form 1823) dated had diagnoses of ' s, and ( ). The resident's activities of daily living (ADL) stated that the resident needed supervision with eating; and assistance with ambulation, bathing, dressing, self-care, toileting and transferring. The facility did not have written documentation or the proper notes of change in condition in the resident #2 ' file that was transferred to the hospital or facility member was contacted to inform the change in condition.
Resident #3's health assessment (AHCA form 1823) dated / had diagnoses of ( ), , ( ), ( ) and . The resident had none physical limitation, very alert. The resident was independent with all ADL ambulation, eating, toileting, transferring and supervision with bathing, dressing and self-care.
During a phone interview on / / at 10:38 a.m., the daughter of Resident #1 and Resident #2 stated that "my mom and my dad went to hospital to receive rehabilitation because my mom did not want to walk, I don ' t know the reason. My dad left the facility walking."
During a phone interview on at 12:03 p.m. The Owner stated "I sent both of them to the hospital the same day for different reason." She acknowledged that there was no written documentation on record for review. I held the bed for the month of even though it was documented that resident ' s discharges were ".
Class III

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0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on record review and interview the facility failed to honor its refund policy for 2 out of 3 (#1 and #2) sampled residents.
Findings included:
The facility's admission and discharge log showed that Resident #1 and #2 were discharged from the facility on / .
Record review showed Residents #1 and #2 were discharged to the hospital on with an unknown condition. Further review revealed that the facility's financial officer/ owner's name appeared on the residents' bank account. The facility did not have written documentation that they gave the residents a refund for the month of 2016.
Review facility income and expensive statement for the month of , 2016 did not show income for Residents #1 and #2.
During a phone family interview conducted on / at 10:38 a.m., the daughter of Residents #1 and #2 stated "My mom and my dad went to hospital to receive rehabilitation because my mom did not want to walk. I don ' t know the reason. My dad left the facility walking." The daughter further stated that her parents' monthly check was deposited into the facility's bank account and the facility financial officer/owner did get the monthly money to pay for their rent. The daughter stated "I went to the federal agency office and I did the paper for me to be the responsible party for them. I did receive deposit money. I had access to my mom and my dad bank account but the money for the month of was not there, the bank staff told me that the facility did collect the money for the month of . They did not refund the money to my mom and my dad."
During a phone interview on / at 12:03 p.m. the facility financial officer/owner stated "I've never been a payee for any of the residents; I was in Resident #1 and #2 personal account. I was not the payee with the federal agency. I did send both of the residents to the hospital the same day for different reasons. The Administrator acknowledged that there was no written documentation of these transactions. The Administrator stated "I held the bed for the month of even though was documented that they were discharged . I collected the money for the month of , 2016."
During a phone interview on at 12:03 p.m., the facility financial officer/ owner acknowledged that there was no written documentation on record. "I held the bed for the month of event that was documented that they were discharge . I collected the money for the month of ."

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview the facility failed to maintain an accurate staffing schedule.

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Findings included:
On 12/29/16 at 8:40 a.m. observed Staff C (caregiver) was alone in facility caring for six residents.
The staffing pattern posted for Thursday 29, 2016 posted showed the following Staff C (caregiver) 7:00 a.m. to 3:00 p.m., Staff D (owner) 10:00 a.m. to 6:00 p.m., and Staff A (administrator) off.
During an interview on at 11:46 a.m., the facility Administrator stated I ' m contacting the Staff D (owner) but she is traveling today. She acknowledged the facility was not following the staffing pattern posted.
Class III

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on record review and interview, the facility failed to have a surety bond with minimum bond proceeds that equal twice the value of the residents' monthly aggregate income of 2 out of six (#1 and #2) sampled resident.
Findings included:
Discharge residents records review showed that Resident #1 and #2, personal income benefits from the federal agency were deposited to their bank account. Staff D-D Owner and financial officer-'s names' appeared on their bank account.
Facility record review revealed that the facility did not have proof of a surety bond with a minimum bond that equal twice the value of the residents ' monthly aggregate income # 1,466.00 during the time were residing at the facility.
During an interview / at 11:46 a.m. The Administrator stated "the facility may have a surety bound but I don ' t know. I m contacting the owner but she is traveling today." The Administrator further stated that she did not have access to the bank account to provide a bank statement.
During a phone interview on / at 12:03 p.m. Staff D (financial officer /owner) stated "I've never been a payee of any resident. I was on Resident #1 and #2's personal account. I was not the payee with the federal agency. I sent both of them to the hospital the same day for different reasons. I collected the money for the month of ." The Owner acknowledged that the facility did not have a surety bound.
Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview the facility failed to honor its refund policy for 2 out of 3 (#1 and #2) sampled residents.
Findings included:
A review the admission and discharge log showed that Resident #1 and #2 were discharged from the facility to the hospital on with unknown conditions.

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A review of the facility's resident contracts showed that the facility did not agree to reserve a bed for a resident who is admitted to a nursing home or other health care facility. Further review of the contracts showed that the facility agreed to make a refund at the time of transfer, discharge or based on the daily rate for any unused portion of payment beyond the termination date.
During a phone family interview conducted on at 10:38 a.m., the daughter of Residents #1 and #2 stated "I had access to my mom and my dad's bank account but the money for the month of was not there, the bank staff told me that the facility did collect the money for the month of . They did not refund the money to my mom and my dad."
During a phone interview on at 12:03 p.m. the financial officer/owner stated that "I collected the money for the month of , 2016."
Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to provide documentation of at least 3 hours training of Limited Mental Health continuing education for 1 out of 4 (Staff B) sampled staff.
Findings included:
Record review showed Staff B had no documentation of having completed at least 3 hours training of Limited Mental Health continuing education. Staff B manager last training was dated .
Interviewed on / at 9:53 a.m., the Administrator acknowledged that the Manager's 3 hours of limited mental health training was expired. She stated she would schedule him.
Class III