



RICK SCOTT  
GOVERNOR  
  
JUSTIN M. SENIOR  
SECRETARY

, 2017

Administrator  
Vangela's Alf Corp  
789 Nw 145 Terrace  
Miami, FL 33168

Dear Administrator:

This letter reports the findings of a Complaint revisit survey conducted on , 2017 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

**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 , 2017.**

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 (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN  
Field Office Manager

AMD:ve  
Enclosure

BBT7



**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 02/01/2017  
FORM APPROVED

|                                                               |                                                                                        |                                                           |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968092</b>            | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>01/25/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VANGELA'S ALF CORP</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>789 NW 145 TERRACE<br/>MIAMI, FL 33168</b> |                                                           |

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

**0000 - Initial Comments**

A Complaint (CCR# 2016008102) Revisit Survey was conducted on 01/25/17. Vangela's ALF Corp with a Limited Mental Health component, license #12120, had the following deficiency found at the time of the survey:

**Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS**

Based on record review and interview the facility failed to ensure that staff were registered and/or removed with the clearinghouse's employee roster through the background screening database. (Staff E and Staff F)

Finding included:

On 1/25/17 at 11:15 AM record review of the clearing house showed two staff members; Staff E who had been hired and Staff F who had not been working in the facility since 2016.

On 1/25/17 at 11:45 AM during the exit interview with the owner, she stated that she was going to talk to the administrator to have these two staff members removed from the clearinghouse.

Unclassified