STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965085	R **01/30/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS HOME INC (THE)	**9564 SW 58 STREET** **MIAMI, FL 33173**

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey FOURTH revisit was conducted on , 2017. Angels Home, Inc. (License # 9656) with Limited Nursing Services and Limited Mental Health components had a deficiency identified at the time of the survey:

Z813 - Results of Screening & Notification in File - 59A-35.090(3)(c), FAC

Based on record review and interview the facility failed to maintain the signed attestation of compliance in the personnel file for 5 out of 5 sampled employees (A, B, C, D and E).

Findings included:

A review of the 5 facility employees' files revealed that none of them had the signed attestation of compliance in their record.

On at 10:00 am employee B stated, "no one had told us that we needed that document. Is that a new regulation?"

Uncorrected
Unclassified