STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965248	**02/21/2017**
NAME OF PROVIDER OR SUPPLIER **HOME FOR ALL THE ANGELS CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **9270 SW 42 TERRACE** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Complaint Survey (CCR#2017001456) was conducted on , 2017. Home for all the Angels, Corp. (license # 9648) with Limited Mental Health component had a deficiency identified at the time of the survey:

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview the facility failed to have a contract executed between the resident and the facility for one out of 6 sampled residents (Resident # 6).

Findings included:

Review of the admission / discharge log revealed that Resident # 6 was admitted to the facility on and discharge on . The resident's contract had not been signed.

On at 11:15 am, the Administrator stated that the resident's daughter did not have a power of attorney and that the resident was alert, but her daughter refused for the mother to sign on her own without her reviewing the documents. The daughter never had time to review the documents.

Class III