STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953224	**04/11/2017**
NAME OF PROVIDER OR SUPPLIER **ANGELS GARDEN INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **8003 NORTH ROME AVENUE** **TAMPA, FL 33604**	

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

0000 - Initial Comments

Assisted Living Facility

On , , 2017, an abbreviated biennial state licensure survey was conducted at Angels Garden Inc. Deficient practice was identified at the time of the visit.

(License # 8437)

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, interview, and record review, the facility failed to ensure that the menu was followed, that substitutions were noted before or when the meal was served.

Findings included:

During an observation of breakfast at 8:25 a.m. on , the staff served: 2 pancakes with syrup. The observed posted menu, dated 2017 - 2018 was: Dry cereal (3/4 cup) or hot cereal (1/2 cup); Bread (1 slice); Egg (1); margarine (1 t) and milk offered at every meal. During the 8 a.m. breakfast meal on there was no substitution for Dry cereal (3/4 cup) or hot cereal (1/2 cup); Bread (1 slice); Egg (1); margarine (1 t).

A copy of the current menu was requested for review at 8:30 am on during the entrance with Staff A and at 9:28 am from the administrator. Surveyor inquired about the meal served, the posted menus and the substitution log at this time. Administrator was unable to provide a completed substitution log or reason for the meal served. Administrator stated that the menu is usually followed. The substitution log was requested for review during the breakfast observation on . The substitution log revealed only an entry of a date, " " an hour and a half after breakfast at 10:45 a.m. During an interview with the administrator on at 3:48 am, the administrator confirmed that there was no substitution log.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953224	**04/11/2017**
NAME OF PROVIDER OR SUPPLIER **ANGELS GARDEN INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **8003 NORTH ROME AVENUE** **TAMPA, FL 33604**	

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

0180 - Emergency Management - 58A-5.026(1) FAC

Based on interview and record review the facility failed to provide an emergency plan with provisions for the care of residents remaining in the facility during an emergency.

Findings included:

Record review on at 9:29 am of emergency plan provided and submitted for approval revealed a date of , 2011.

During an interview with administrator at 3:59 pm on she confirmed that an emergency plan had not been completed and the documentation provided was submitted for approval for the year. She stated, "I did not know it needed to be submitted every year, it hasn't changed."

Class III