

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965248	(X3) DATE SURVEY COMPLETED R 04/28/2017
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 Standard Biennial Revisit Survey was conducted on 04/28/2017. Home for all the Angels Corp. (License # 9648) with Limited Mental Health component had deficiencies identified at the time of the survey.

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

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

Findings Include:

Observation on at 9:10 AM showed Staff C was caring for the residents and providing personal services to them.

Staffing schedule review showed Staff A was scheduled to be in the facility 7 AM- 7 PM, Staff B was scheduled to be at the facility from 7 PM-7 AM and Staff C was off.

On at 9:39 AM, Staff C stated "Staff A went to the pharmacy a few minutes ago. She is coming soon."

On at 10:20 AM, the Administrator stated "Staff B is sick and Staff C changed with her. Staff A went to the pharmacy a few minutes ago."

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to have an up-to-date fire inspection. The facility failed to have an emergency management plan approved by the county.

Findings Include:

Record review showed the facility's last fire inspection was dated, and was unsatisfactory, with two violations. The emergency management plan was dated

Interviewed on at 1:00 PM, the Administrator stated that the facility has a satisfactory fire

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED**

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inspection and submitted the emergency management plan to the county but the documents were not in the facility at the time of the survey. Class III		