STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967749	**05/15/2017**
NAME OF PROVIDER OR SUPPLIER **ANGEL CARE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **4301 31ST ST SOUTH** **SAINT PETERSBURG, FL 33712**	

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

0000 - Initial Comments

Assisted Living Facility

Two complaint surveys, CCR# 2017002373 and CCR# 2017003940, were conducted at Angel Care Assisted Living Facility on . Angel Care Assisted Living Facility had deficient practice identified at the time of the visit.

(License # 11734)

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation, record review, and interview the facility failed to provide an ongoing activities program that included diversified individual and group activities that meets the resident's needs.

Findings included:

On 9:46 A.M. during random interview with several resident's #2,#3, #4, #5, #6 all confirmed they are not offered or provided any daily activities by the facility. All resident's confirmed they are often bored and would prefer to be engaged in daily activities while residing at the facility.

On 10:15 A.M. observations made during the survey confirmed that no activities were made available for the residents to participate in.

On 11:03 A.M. during a interview with the facility assistant administrator, assistant administrator confirmed the facility has not had a activities coordinator since 2017. The assistant administrator confirmed no ongoing activities have been in place for residents. The assistant administrator stated she is aware the resident's are not engaged in any daily activities at this time. The activities coordinator was not doing her job and was fired back in 2017. Since than the facility has not hired anyone to replace the activities coordinator.

On 12:22 P.M. the facility provided a activities calendar at this time. A review of the facility daily activities calendar revealed the facility is not following its planed scheduled activities.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation, interview and record review the facility failed to maintain a safe and decent living environment, free from bed bugs infestation for 52 of 52 residents who resides at the facility.

Findings included:

A tour of the facility was conducted on at 10:15 AM, surveyor observed an infestation of fruit files while walking through the main dining areas of the facility. While entering the memory care unit surveyor witnessed another of fruit flies swarming the hallways at this time.

A observation on at 10:21 AM, of to Resident #2 was observed with a of fruit flies near the top mattresses area and near door way.

An observation on at 10: 42 AM, of to Resident #6 was observed with a of fruit flies near the front door entrance and near the bedside.

During an interview with the facility assist administrator on 12:36 P.M., the assistant administrator confirmed the facility is still in the process of treating the fruit flies infestation. The administrator confirmed she is aware fruit files still exist. The administrator assistant stated she have not seen any decrease in the amount of fruit files seen throughout the facility since the facility has started treatment. When asked how long the facility has been treating the fruit files infestation, the assistant administrator stated she was unaware.

A review of the most recent (DOH) Department of Health Inspection report provided by the facility on . The Department of Health report showed date of visit showed an unsatisfactory inspection results related to fruit flies present.

A report dated revealed results of unsatisfactory. It inspection information noted purpose: Re-inspection time 8:00a.m. Violations markings noted 38. Vermin control, "observed fruit flies flying around the hand sink near the ice machine, dishwasher, and in the dry storage area during time of

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

inspection."

No further information provided at this time.

Class III