

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968482	(X3) DATE SURVEY COMPLETED 08/15/2017
NAME OF PROVIDER OR SUPPLIER LOVING ANGELS ASSISTED LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9 RAMBLE WAY PALM COAST, FL 32164	

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

0000 - Initial Comments

On a biennial relicensure survey was conducted at Loving Angels Assisted Living (License Number: 12405). Deficient practice was identified during the survey.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on a review of employee files, and interview with the Administrator, the facility failed to ensure that 1 of 3 sampled employees (Employee C) whose records were reviewed obtained evidence of a negative examination on an annual basis.

The findings included:

A personnel file review for employee C found she was hired as a Certified Nursing Assistant on Per the record, a screening was last completed on There was no annual statement from a health care provider that Employee C was free from signs and symptoms of

An interview was conducted with the Administrator at 12:25 pm on She reviewed the file and confirmed the missing statement.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observation, a review of employee files, and interview with the Administrator, the facility failed to ensure that 1 of 3 sampled employees (Employee C) whose records were reviewed obtained the required 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices.

The findings included:

Observation revealed that on at 8:30 am, Employee C provided assistance with

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968482	(X3) DATE SURVEY COMPLETED 08/15/2017
NAME OF PROVIDER OR SUPPLIER LOVING ANGELS ASSISTED LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9 RAMBLE WAY PALM COAST, FL 32164	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
self-administration of medications to 5 of the 6 residents in the home at the time of survey. A personnel file review for employee C found she was hired as a Certified Nursing Assistant on A certificate documenting she received the required 2 hours of continuing education on providing assistance with self-administered medications was located in the record, and dated There was no current documentation that Employee C received the 2-hours update, as required, by An interview was conducted with the Administrator at 12:25 pm on She reviewed the file, interviewed Employee C, and confirmed the overdue training. Class III		