

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968092	(X3) DATE SURVEY COMPLETED 10/11/2017
NAME OF PROVIDER OR SUPPLIER VANGELA'S ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 789 NW 145 TERRACE MIAMI, FL 33168	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 11, 2017. Vangela's ALF, Corp. (AL#12120) with Limited nursing Services component had deficiencies identified at the time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview the facility failed to provide a copy of the annual fire safety and sanitation inspections.

Findings included:

Review of the fire inspection revealed that it had been conducted on and was unsatisfactory. The facility was to be in compliance by ; the re-inspection had not been done.

Review of the health department inspection revealed that it had been conducted on and was unsatisfactory and the re-inspection was to be done by and it was not done.

The Administrator stated on at 9:25 AM that she has not paid for the fire inspection permit and did not have the health inspection.

Class III

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review, and interview the facility failed to have an updated medical examination after a significant change in activities of daily living for 1 out of 6 sampled residents (Resident #2) who were admitted to hospice services.

Findings included:

Review of Resident #2's record revealed she had been receiving hospice services since . The last health assessment was completed on before the resident was admitted to hospice. It stated that the resident was independent with eating, required assistance with bathing and dressing and supervision with the rest of her ADLs, and it also stated that she required medication administration.

The Administrator stated on at 11:25 AM the resident was able to feed herself and required total assistance with the rest of her ADLs and that she never needed medication administration.

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On at 12:10 PM lunch observations found Resident #2 feeding herself in bed. Class III 0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC Based on record review and interview the facility failed to conducted elopement drills twice a year. Findings included: Record review revealed the last elopement drill was conducted on . The administrator stated on at 9:40 AM, "I do the personal assessment for each resident; I thought that was the drill." Class III 0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC Based on record review review and interview the facility administrator failed to provide documentation that she had completed the Core competency exam no later than 90 days after becoming the facility's administrator. Findings included: Record review revealed Staff A had become the facility's administrator on . The Administrator stated on at 11:10 AM she has been the Administrator since . She had an appointment on to take the core examination because she did not pass twice. Class III 0078 - Staffing Standards - Staff - 58A-5.019(2) FAC Based on record review and interview the facility failed to provide proof of a negative statement on an annual basis for 2 out of 3 sampled employees (Staff A and B). Findings included:		

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Review of the Administrator (Staff A)'s record revealed that the last statement was dated Review of Staff B record revealed that the last statement was dated On at 12:52 PM the Administrator stated, "We need the new one." Class III 0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC Based on record review and interview the facility failed to provide proof that staff received training in assists with self-administration of medications training for 1 out of 3 sampled staff (Staff B). Findings included: Review of Staff B's record revealed that he took a 2 hours training of assistance with self-administration of medications on The facility did not have the initial 4 hours of training for Staff B available for review. The Administrator stated on at 11:23 AM, "he did the training, I have to look for the certificate." Class III 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on record review and interview the facility failed to keep the current menu posted. Findings included: Review of the menu posted in the refrigerator kitchen revealed that it was dated to On at 10:10 AM the administrator stated, "I have to change it." Class III 0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC Based on record review and interview the facility failed to have a surety bond with the minimum bond proceeds that equal twice the value of the residents' monthly aggregate income for 1 out of 6 sampled residents (Resident #3).		

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Findings Include: On at 9:20 AM the Administrator stated that she is the payee for Resident #3. The facility did not have a surety bond available for review. On at 9:21 AM the Administrator stated that she did not have a surety bond in place. Class III 0162 - Records - Resident - 58A-5.024(3) FAC Based on record review and interview the facility failed to have a complete resident records for 1 out of 6 sampled residents (Resident #1). Findings included: Review of Resident #1's record revealed that she has been receiving hospice services since The last health assessment was completed on It did not specify the type of assistance needed for medications, it did not have the facility name, page #4 did not have the resident's name, the special precautions was left blank, and it did not mention that the resident was under hospice services. It stated the diet was regular and stated that the resident required assistance with all her activities of daily living (ADLs). The Administrator stated on at 10:25 AM Resident #1 required total assistance with her ADLs and medication administration but that at times the resident is able to feed herself. Class III		

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to maintain the employment status of all employees within the clearinghouse for 1 out of 4 sampled staff (Staff D).

Findings included:

Review of the facility roster on the clearinghouse database revealed Staff D was listed .

Review of the facility schedule revealed that Staff D was not listed .

On at 9:58 AM the administrator stated that Staff D is a nurse that worked at the facility as a caregiver but has not worked there for 3 months.

Unclassified