STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968092	R 12/13/2017
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 Revisit was conducted on 13, 2017. Vangela's ALF, Corp. (AL #12120) with Limited Nursing Services component had deficiencies identified at the time of the survey:

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review review and interview the facility's 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 facility's Administrator stated on at 10:30 AM that she had an appointment to take the core examination on Saturday at 9:00 AM and that on her way to the place where she had the appointment there were 2 accidents on the road and she was not able to make it to the test.

Uncorrected Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to have a complete resident record for 1 out of 6 sampled residents (Resident #1). The facility also 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 was admitted to hospice services.

Findings included:

Review of Resident #1's record revealed she has been receiving hospice services since .

Review of Resident #1's record revealed that the last health assessment was completed on ; the sections that were blank in the last survey were filled out but it had no date or signature from the doctor when he did it.

On at 11:47 AM the Administrator stated that the doctor did it and that the resident required total assistance with activities of daily living and medication administration.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968092	R **12/13/2017**
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)

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 and stated that the resident was independent with eating, required assistance with bathing and dressing and supervision with the rest of her activities of daily living, also stated that she required medication administration.

On at 11:44 AM the Administrator stated the doctor did the new one but she could not find it and that the resident required total assistance with her activities of daily living at the time of the survey.

Uncorrected Class III