STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965248	C 12/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME FOR ALL THE ANGELS CORP	**9270 SW 42 TERRACE MIAMI, FL 33165**

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

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to provide medical attention to a residents who required continuous [illegible] treatment and failed to provide written records, of significant changes or illnesses which resulted in hospitalization for one out five of sampled residents (Resident #1). The facility also failed to make arrangements for one of five residents to use her [illegible] during a power outage (Resident #3).

Findings Included:

1)
A review of Resident #1's hospital record revealed an admission date of [illegible] and discharged date of [illegible]. The patient was brought to the hospital due to [illegible] when she ran out of her [illegible] ([illegible]). She utilized her [illegible] emergency tank and that was empty as well. They report that they still do not have power following the hurricane Irma. The onset was just prior to arrival. The course/duration of symptoms is constant. Degree at onset is mild. Degree at present mild. The exacerbating factors is exertion. There are revealing factors including rest and [illegible]. Risk factors consist of [illegible].

A review of Resident #1's last progress notes dated [illegible] documented: Resident #1 has [illegible] plugged into her nose [illegible]. Her son and daughter come to visit her daily. She is oriented in all three times but sometimes she is [illegible]. There was no further documentation of the hospitalization following after the hurricane on [illegible].

A review of admission and discharge log showed only that Resident #1 was transferred to the hospital on [illegible].

On [illegible] at 1:26 PM the Administrator stated, "I made a mistake with the date, she was sent to the hospital, but I do not remember the day, it was after the hurricane, that she was hospitalized. The daughter sent her to the hospital right after the hurricane because we did not have electricity and she needed her [illegible] machine. She was discharged from the hospital and was sent to her daughter's house. When we got electricity the daughter brought her back and was sent to the hospital in [illegible]. Before the hurricane the daughter called 311, she placed her on a list to be taken to the hospital due to her medical needs. The first time she went to the hospital was in [illegible] the daughter called the rescue because her mother had the [illegible] and we did not have electricity at the ALF and she required [illegible] tank. I did not document that information because I have been busy and I was going to get with my consultant to complete my progress notes."

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A review of Resident #1's record showed the resident was admitted to the facility on . A health assessment dated showed a medical history and diagnoses: , aneurysm, other secondary , , , and , gait , about health, of left hip, , and history of . Physical or sensory limitations: diminished visual acuity, decreased hearing, , uses supplement stiffness, limitation of activity, incontinence, loss of strength, poor coordination, needs lumbar support and walker. or behavioral status: memory poor, , . Nursing/treatment/ service requirements: as needed. Resident #1 needed assistance with ambulation bathing, dressing, toileting and transferring, and needs supervision with eating and self-care ( ). The resident also required assistance with self-administration of medications.

On at 12:39 PM Resident's #1's daughter stated, "I did not like the way the ALF handled that situation. Two days after the hurricane I went to visit my mother to check up on her. She was almost passed out and she did not have her working, the facility was without power. I called the rescue and they took her to the Hospital where she was discharge and I took her home, she was a whole week at my home and on Sunday I took her back to the assisted living facility because they had got their power back. Around , 2017 my mom was low on and she was taken to the Hospital, I decided to place in hospice where she on , 2017."

A review of Resident #1's file showed physician order dated documented NA Concentration Portable 2 Liters every 8 hours.

A review of weather records showed that Hurricane Irma made landfall on Florida on , 9-10, 2017, causing electricity to fail in Miami.

On at 10:19 AM the Administrator, stated regarding Resident #1, "The resident had enough until the day after the hurricane. The Saturday, the day of the hurricane, we lost power at night time and Sunday we used the portable until Monday around 12 PM. And her daughter came and she called rescue. The resident was able to administer her own , she used to put it on and used to take it off. When she used to take it off we would put it back. Her daughter had called 311 to register her mother in case of an emergency but they never came to pick her up. No we did not have a generator because that was not a requirement yet."

On at 10:50 AM Resident #1's son stated, "the problem was that she was without and she was not responding, the facility was without electricity. On Tuesday when I arrived it was hot and my mom was not responding too well and she was without . The facility did not have a generator. She had two portable tanks and one electric tank. She was two days without

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SUMMARY STATEMENT OF DEFICIENCIES
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and my sister decided to call rescue. We were both at the facility and first the police arrived and then the fire department that administered and the rescue that took her to the hospital."

Interviewed on at or about 9:00 am by telephone, the owner of the company stated, "Resident #1 or the caregiver call us when they need a tank replaced. The portable tanks do not need a power supply. The portable tank was last swapped out earlier in the year, before . On , 2017 when we visited, there was no tank swap. The portable tank, at two liters per minute, provides 5.5 hours of air. She [Resident #1] had a concentrator for her regular , so as long as she had power, she could get . We notified all of our patients that they should go to a hospital or another place that had power if the electricity went out."

2)
A review of Resident #3's file showed a health assessment dated had a medical history and diagnoses: acute , type 2 with , engeopathy, , , chronic kidney , with , , , lumbago, , gait . Physical or sensory limitations: Blurred vision, with exertion, diminished sensation lower extremities to ankles, joint stiffness, limitation of activity, uses walker, for mobility, poor balance and coordination. or behavioral status: , , oriented to none and place only. The resident needs assistance with ambulation, bathing, dressing, supervision with eating and self-care ( ), and assistance with toileting and transferring. The resident needs assistance with self-administration of medications.

Review of Resident #3's file showed physician order dated documented NA Concentration Portable 2 Liters every 8 hours.

On at 11:12 AM the Administrator stated Resident #3 does not need the , she hardly uses the tank. No, we do not administer the to her, we have not done it because she has never used it." A further review of the resident record showed that there was no documentation that the order had been discontinued.

Class II

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965248	**12/15/2017**
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
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0000 - Initial Comments

A Complaint Survey (CCR#2017011421) was conducted on - . Home for all the Angels, Corp. (license # 9648) with Limited Mental Health component had the following deficiencies identified at the time of the survey:

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on observation, record review, and interview the facility failed to have updated health assessment done by healthcare provider after a significant change for 1 out of 5 sampled residents (Resident #2).

Findings Included:

A review of Resident #2's record revealed the resident was admitted on . A health assessment dated showed Medical history and diagnoses of: , , advanced , hx of , , A-fib. Physical or sensory limitations: unsteady gait, decreased memory. or behavioral status: Loss of Memory. Per health assessment the resident is not an elopement risk, precautions and universal precautions are documented. The resident needs assistance with all ADL's. The resident needs assistance with self-administration of medications.

A review of Resident#2's hospice record revealed the resident's medication was administered by hospice skilled nursing staff.

On at 1:10 PM Interview with administrator stated "I will have the doctor update the resident's health assessment."

Class III