STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967749	**12/28/2017**
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

A biennial state relicensure survey was conducted in conjunction with complaint surveys , (CCR# 2017014452 and CCR# 2017015429), at Angel Care Assisted Living Facility on . Angel Care Assisted Living Facility had deficient practice identified at the time of the visit.

(License # 11734)

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on interview and record review, the facility failed to follow standards for filing an adverse incident to the state of Florida in a timely manner for 1 (Resident #1) of 2 residents reviewed for incidents.

Findings included:

On a review of the facility incident records dated revealed 911 was called in reference to a physical altercation between Resident# 1 and Resident #2. The description of the incident showed evidence that Resident#1 was knocked to the floor by Resident #2 was repeatedly punched in the face and was repeatedly stomped on by Resident #2. 911 was called to the facility and Resident #1 was sent to the hospital.

On at 4:45 P.M. an interview was conducted with the assistant administrator. The assistant administrator confirmed that she was aware that 911 was called out to the facility in regards to emergency medical attention that was required for Resident#1 on . He stated the facility did not file a 1 day adverse incident report to the state of Florida until .

A review of hospital records dated revealed that Resident #1 was admitted to the local hospital just before 12:22 am on morning and was treated for head injury due to assault.

No further documentation was provided at this time.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview and record review, the facility failed to submit an emergency management plan to the local emergency management agency, for review and approval on an annual basis.

Findings included:

On a review of facility records revealed no documentation of an approved certified emergency management plan in place at this time.

On at 1:05 P.M. the assistant administrator was asked for a copy of the approval letter for the facility's emergency management plan from the local emergency management agency. The assistant administrator did not provide a documentation of an approved plan. She stated, "we don't have one approved yet."

No further documentation was provided at this time.

Class III