STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911818	**01/25/2018**
NAME OF PROVIDER OR SUPPLIER **ANGEL'S TOUCH II**	STREET ADDRESS, CITY, STATE, ZIP CODE **1735 JEFFORDS STREET** **CLEARWATER, FL 33756**	

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

0000 - Initial Comments

Assisted Living Facility

On , an abbreviated biennial state licensure survey was conducted at Angel's Touch II, (Lic. #5034). Deficient practice was identified during the survey.

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview, the administrator did not have sufficient documentation necessary to verify she had obtained the minimum 12 hours of continuing education in topics related to assisted living every 2 years.

Findings included:

Resident record review during the inspection revealed that since , the administrator had only received one (1) continuing credit hour since in areas pertinent to assisted living. Interview with the administrator at 12:20pm on provided no clarification regarding this discrepancy.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and interview, the facility failed to provide documentation that their menu met the dietary needs of one of one resident reviewed (Resident #1).

Findings included:

Review of the health assessment for Resident #1 indicated this individual had been ordered a 1800 calorie low fat-low diet by their health care provider. Review of the facility menus that had been reviewed/approved did not include this type of diet plan, nor was there any annotated documentation where the reviewing dietetic professional had formally indicated that any of the approved diet plans were equivalent to any of the diets that the facility had already had approved.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911818	**01/25/2018**
NAME OF PROVIDER OR SUPPLIER **ANGEL'S TOUCH II**	STREET ADDRESS, CITY, STATE, ZIP CODE **1735 JEFFORDS STREET** **CLEARWATER, FL 33756**	

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

Interview with the administrator at 1:15pm on [redacted] provided no clarification.

Class III