

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968340	(X3) DATE SURVEY COMPLETED 01/24/2018
NAME OF PROVIDER OR SUPPLIER NURSING CARE BY ANGELS, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8085 S BABCOCK ST PALM BAY, FL 32909	

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

0000 - Initial Comments

A Complaint Investigation #2017012862 was conducted on . Nursing Care by Angels, LLC. Assisted Living (License #12241) had deficiencies at the time of the visit.

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

Based on record review and interview the facility failed to obtain a completed 1823 AHCA Form Health Assessment by the healthcare provider for 1 of 4 sampled resident (#6) who requires assistance with Activities of Daily Living (ADLs) by unlicensed staff.

Findings:

Resident #6's record review revealed an 1823 Health Assessment not dated completed by the healthcare provider and did not document the type of medication assistance required.

On at 4:30 PM, an interview with the Owner who confirmed the finding.

Class III

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

Based on resident record review and interview, the facility failed to determine the appropriateness for continued residency for 1 of 4 sampled resident (#6) as required.

Findings:

Resident #6's record review revealed a 1823 Health Assessment dated was marked on page 2, question 3; he was admitted with a left heel to the foot.

In addition, another 1823 Health Assessment found but was not dated by the healthcare provider marked on page 2, question 3; documenting a pressure to left heel of the foot.

Resident #6 was admitted to Hospice constituting a significant change, and no new 1823 Health Assessment was found completed by the healthcare provider.

An interview was conducted with owner on at 4:40 PM, who confirmed the finding.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968340	(X3) DATE SURVEY COMPLETED 01/24/2018
NAME OF PROVIDER OR SUPPLIER NURSING CARE BY ANGELS, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8085 S BABCOCK ST PALM BAY, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0079 - Staffing Standards - Levels - 58A-5.019(3) FAC Based on observation and interview, the facility failed to maintain a written work schedule that reflects a 24-hour staffing pattern for a given time; and the facility failed to include 1 of 3 sampled staff (B) on the written schedule as required. Findings: Observation on _____ at 5:45 PM, a written staff work schedule dated for _____, 2018-27, 2018 did not have the shift times for each staff working reflecting a 24-hour day pattern. Staff B was not listed on the schedule for workweek _____ - _____ and was observed providing direct care to the residents during the duration of the survey. Staff B date of hire _____. On _____ at 5:50 PM, an interview with the owner who confirmed the findings. Class III 0162 - Records - Resident - 58A-5.024(3) FAC Based on record review and interview, the facility failed to maintain and document weights semi-annually for 1 of 4 sampled resident (#2) as required when receiving assistance with Activities of Daily Living (ADLs). Findings: Resident #2's record review revealed the last weight recorded was on _____. There was no documentation that weights were being recorded every six months as required. Resident #2 requires assistance in all activities of daily living (ambulation, bathing, dressing, _____, toileting and transferring). On _____ at 4 PM, an interview with the owner who confirmed the finding. Class III Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS Based on the Background Screening (BGS) Clearinghouse website review and interview, the facility		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968340	(X3) DATE SURVEY COMPLETED 01/24/2018
NAME OF PROVIDER OR SUPPLIER NURSING CARE BY ANGELS, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8085 S BABCOCK ST PALM BAY, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
failed to conduct and complete a Level 2 Background Screening for 1 of 3 sampled staff (A) as required and pursuant to the Florida Statutes, Chapter 435. Findings: On at 6:21 PM, reviewed the Background Screening (BGS) Clearinghouse website and revealed that staff A did not have a Level 2 background screening. On at 6:22 PM, an interview with the Owner who confirmed that staff A was a new hire and started working on (4 days ago) but not working alone with the residents. She further stated that she has been working alongside staff A for training purposes. Unclassified		