STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910805	**01/29/2018**
NAME OF PROVIDER OR SUPPLIER **CARING ANGELS**	STREET ADDRESS, CITY, STATE, ZIP CODE **6405 40TH AVENUE, NORTH SAINT PETERSBURG, FL 33709**	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated biennial state relicensure survey was conducted on , at Caring Angels, (License # 7175).
Deficiencies were identified at the time of the visit.

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation, interview, and documentation review the facility failed to ensure 5 (#3, #4, #6, #8, #9) out of 6 residents interviewed were receiving activities as documented on the facility's activity calendar.

Findings included:

On , residents were interviewed related to the activities occurring in the facility and listed on the activity calendar.
At 10:46 am, an interview was conducted with Resident #3. He stated that they did not have activities and that staff just let them (residents) "stay by ourselves all the time". He said that a previous employee used to do activities with them.
At 11:05 am, an interview was conducted with Resident #8. The resident stated, "To tell you the truth, they don't provide activities. I just do my own".
At 12:04 pm, an interview was conducted with Resident #9. The resident stated they put a fuse ball table in the living , but there were no organized activities and group outings.
At 12:15 pm, an interview was conducted with Resident #4. When asked if the facility provided activities and he responded, none to speak of.
At 12:20 pm, an interview was conducted with Resident #6. When asked if the facility provided activities, the resident responded no to having activities and stated, "You got to be kidding".

The activity calendar was reviewed. The , 29th schedule included the activity titled Western Classic to occur at 10:30 am. No activity was observed occurring at that time. At 11:56 am, the Administrator said that Western Classic meant a sing along with the residents.
Staff member A said that the residents were watching television on this day for their activity. The television was not observed on in the living there was no comfortable seating in the living . There were no organized activities observed on this day.

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Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the facility failed to ensure a safe and sanitary living environment for 8 (#1, #2, #3, #4, #5, #6, #8, #9) out of 8 residents residing in the facility.

Findings included:

On at 11:00 am, a comprehensive tour was conducted of the facility and included the following findings:
1. # : A hole was observed in the wall near the baseboard measuring approximately six inches by 3 inches.
2. # : A plastic trashcan was observed next to the resident's bed. Cigarette ashes were on the floor between the bed and the trashcan. In the bottom of the trashcan were approximately two dozen cigarette butts. On the inside of the trashcan were marks resembling where the cigarettes had been extinguished on the sides of the trashcan.
3. # : An ashtray containing cigarette butts was observed on the table. The Administrator and the resident were present in the . The resident stated he smoked cigarettes in his though it was not allowed.
4. # : A beer can was observed sitting on the resident's table with cigarette ashes on it indicating it had been used as an ashtray.
5. # : A space heater identified by the resident was plugged into an extension cord. The extension cord was then plugged into another extension cord.
6. Living : A large cylinder of was observed standing upright near the front door. The cylinder was not sitting in any type of container to prevent it from falling over. The Administrator was then shown the freestanding cylinder of . He state that it belonged to a resident who had moved out eight to nine months prior. He said that he knew that it was there, but did not know what to do with it. He said that they did not have the stand for it to sit in.
7. next to # : A dark substance resembling bio growth was observed on the tile floor in the shower. A shower chair was sitting in the stall. The metal portion of the back of the chair was broken and separated from the seat. The shower chair had a dark discoloration on the seat where residents sit. The was dirty and dark in color.
8. next to the kitchen: A rubber bathmat was in the bottom of the bathtub. Dark bio growth surrounded the edges of the mat. A used washcloth was present in the bathtub stall. Seven bottles of unlabeled body wash/shampoo were sitting on the windowsill in the bathtub stall as well as a bar of soap.
9. Hallway next to # : The electrical outlet was loose from the wall with the wiring exposed.

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At approximately 2:15 pm, the Administrator was shown the environmental concerns of the facility.

Resident Orientation Checklist Rules and Regulations:
#1, g: Is not a danger to self and/or others.
#3, b: Smokes only in designated areas outside. Read, sign and agree to the facility Smoking Policy attached hereto. If the administer determines that the resident cannot safely smoke independently, the resident will only be permitted to smoke when supervised.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on interview and record review the facility failed to ensure that three (Administrator, Staff A, Staff B) out of three employee records reviewed had signed Affidavit of Compliances.

Findings included:

On , three employee files were reviewed and included the Administrator, Staff A and Staff B. No affidavit of compliances were located in the employee files. At approximately 2:00 pm the Administrator stated that the reason he did not have the signed forms onsite was because he had mailed the signed forms with his application for the renewal of the facility licensure.

Class III