STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967874	02/08/2018
NAME OF PROVIDER OR SUPPLIER **ANGEL CARE AT VERO BEACH INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1130 7 AVENUE** **VERO BEACH, FL 32960**	

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

0000 - Initial Comments

An unannounced Re-Licensure survey was conducted on , 2018 at Angel Care At Vero Beach, Inc., License #11859. The facility had deficiencies identified at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observations and interviews, the facility staff failed to follow procedures for unlicensed staff to assist with self-administration of medication for 3 out of 3 sampled residents (Residents #1, #2 and #3).

The findings included:

1) On at 8:45 AM, Staff A removed Resident #1's pills from a bubble pack (bingo card) into her ungloved hand and placed the pills in a plastic cup. She then handed the cup to Staff B, who gave the pills to the resident and observed the resident swallow the medication. The medication label was not read by Staff B who provided the medication to the resident. Staff B later initialed the Medication Observation Record (MOR) that she had assisted with the self-administration of medication for Resident #1.

2) On at 8:48 AM, Staff A removed Resident #2's pills from a bubble pack (bingo card) into her ungloved hand and placed the pills in a plastic cup. She then handed the cup to Staff B, who gave the pills to the resident and observed the resident swallow the medication. The medication label was not read by Staff B who provided the medication to the resident. Staff B later initialed the Medication Observation Record (MOR) that she had assisted with the self-administration of medication for Resident #2.

3) On at 9:00 AM, Staff B removed Resident #3's pills from the bubble pack (bingo card), crushed the medication, and mixed the medication with applesauce. She then spooned the mixture into Resident #3's mouth. The resident did not participate in the administration of the medication. Staff B did not read the medication label in the presence of the resident.

Staff A and B were notified of these observations during interview on at 11:30 AM. They both acknowledged that they had not completed any training in assisting with self-administration of medication. The facility provided no additional information for review at this time.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967874	**02/08/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL CARE AT VERO BEACH INC	**1130 7 AVENUE VERO BEACH, FL 32960**

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

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and an interview, it was determined the facility failed to ensure the Medication Observation Record (MOR) was completed for 3 out of 3 sampled residents (Resident #1, #2 and #3) who required assistance with the self-administration of medication.

The findings included:

During review of the , 2018 MOR's at 9:00 AM on , the following omissions were identified:

1) Resident #1
a. 5:00 PM doses for had not been initialed as given for , and , .
b. 8:00 PM dose for had not been initialed as given for , .

2) Resident #2
a. 8:00 PM dose for had not been initialed as given for -S and , .
b. 5:00 PM doses for had not been initialed as given for , and Solution.

3) Resident #3
a. Volaren Gel 1% was listed on the MOR to "be given twice a day". There were no times listed for this medication, and only one initial documented per day to show that the resident received the medication from through . It could not be determined if the resident received the medication twice a day, and at what time the medication was disbursed.

Staff A and B were notified of these findings during interview on at 11:30 AM. The facility provided no additional documentation for review at this time.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and an interview, it was determined the facility failed to obtain a written medication order issued and signed by the resident's health care provider, or a faxed or electronic copy of such order, showing a change in directions for use of a medication time for 1 out of 4 sampled residents (Resident #7); and, failed to contact the resident's health care provider and request specific instructions for medication prescribed to be given "as directed" for 1 out of 4 sampled residents

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967874	**02/08/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL CARE AT VERO BEACH INC	**1130 7 AVENUE VERO BEACH, FL 32960**

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

(Resident #2); and, failed to obtain a "crush medication" order from the residents' health care provider prior to crushing medication for 2 out of 2 sampled residents (Residents #3 and #7).

The findings included:

1) On at 11:30 AM, Resident #7 was observed receiving his morning medications from Staff B (scheduled for 8:00 AM on the , 2018 MOR/Medication Observation Record). Staff B stated she was giving him his morning medications at this time "because the , doesn't want him to take his medication before he comes". Staff B stated that the , comes Monday, Wednesday and Friday. On this date (Thursday), the resident received his 8:00 AM scheduled medication at 11:30 AM. The MOR showed the resident was receiving his morning medication at 8:00 AM from through . Staff B was not able to show a health care provider's order documenting the change in the scheduled time for this resident's morning medication.

2) Review of the , 2018 MOR for Resident #2 revealed "Balmex, apply to affected area as directed". During interview with Staff B at 11:30 AM on , she acknowledged that the medication did not have specific instructions listed on the MOR, including the amount of times per day it was to be provided and any limitations. The cream was initialed as provided on , , , and . Without specific directions for use, it could not be determined if the medication (cream) was provided "as directed".

3) During observation of assistance with self-administration of medication provided by Staff B to Resident #3 on at 9:00 AM, Staff B crushed the resident's pills before giving them to the resident. At 11:30 AM, Staff B stated she crushed medication for Resident #3 and #7 to make it easier for them to swallow the pills. Upon request, Staff B and Staff A were not able to show a "crush medication" order from the residents' health care providers. The , 2018 MORs for these residents did not list instructions for staff to crush any of their medication.

Staff A and B were notified of these findings during interview on at 11:30 AM. The facility provided no additional information for review at this time.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and a staff interview, the facility failed to ensure 2 out of 2 sampled employees (Staff A and B) had submitted a written statement from a health care provider documenting that the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967874	02/08/2018
NAME OF PROVIDER OR SUPPLIER **ANGEL CARE AT VERO BEACH INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1130 7 AVENUE** **VERO BEACH, FL 32960**	

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

employee does not have any signs or symptoms of communicable , including ( ).

The findings included:

a) During record review for Staff A, date of hire , 2018, a signed statement by a health care provider verifying this employee was free from all communicable , including , could not be found.

b) During record review for Staff B, date of hire 2017, a signed statement by a health care provider verifying this employee was free from all communicable , including , could not be found.

A request was made to Staff A for the documentation on at 10:00 AM, but she was unable to locate the documentation at the time of survey. The facility provided no addtional documentation of the required statements for review at this time.

Class III

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

Based on record review and an interview, the facility failed to ensure the Administrator completed a minimum of twelve (12) hours in continuing education in topics related to assisted living every two (2) years.

The findings included:

On at 10:00 AM, Staff A stated during interview that the Administrator was not present at the facility, but continues to maintain her status as the Administrator. She stated the Administrator "was at the facility yesterday".
Review of the Agency's database on revealed Staff C is still listed as the current Administrator. Staff A stated during interview at this time that she did not have access to personnel files, and did not have any documentation to show that the Administrator had completed a minimum of twelve (12) hours of continuing education in topics related to assisted living. The facility provided no additional documentation for review at this time.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967874	**02/08/2018**
NAME OF PROVIDER OR SUPPLIER **ANGEL CARE AT VERO BEACH INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1130 7 AVENUE** **VERO BEACH, FL 32960**	

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

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and an interview, the facility failed to ensure that 2 out of 2 sampled staff (Staff A and B) who provide direct care to residents had received the required in-service training within 30 days of employment.

The findings included:

a) Review of the personnel file for Staff A, who provides direct care to residents, revealed there was no documentation of the following required in-service training dated within 30 days of employment. Staff A stated she was hired in , 2018.

1. Facility's Emergency Procedures and Incident Reporting (1 hour)
2. Residents' Rights and , Neglect and , (1 hour)
3. Control (1 hour)
4. Activities of Daily Living (3 hours)
5. Safe Food Handling (1 hour)
6. Facility's Elopement Policy and Procedures

b) Review of the personnel file for Staff B, who provides direct care to residents, revealed there was no documentation of the following required in-service training dated within 30 days of employment. Staff B stated she was hired in 2017.

1. Facility's Emergency Procedures and Incident Reporting (1 hour)
2. Residents' Rights and , Neglect and , (1 hour)
3. Control (1 hour)
4. Activities of Daily Living (3 hours)
5. Safe Food Handling (1 hour)
6. Facility's Elopement Policy and Procedures

Staff A stated during interview at 11:00 AM on that she and Staff B had not completed these trainings and they did not have personnel files with any training certificates. The facility provided no additional documentation of the required training for these staff members at this time.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967874	02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL CARE AT VERO BEACH INC	**1130 7 AVENUE VERO BEACH, FL 32960**

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

Based on record review and an interview, the facility failed to ensure that 2 out of 2 sampled staff (Staff A and B) who provide direct care to residents had received training in / within 30 days of employment.

The findings included:

a) Review of the personnel file for Staff A, who provides direct care to residents, revealed there was no documentation of the required training in / dated within 30 days of employment. Staff A stated she was hired in , 2018.

b) Review of the personnel file for Staff B, who provides direct care to residents, revealed there was no documentation of the required training in / dated within 30 days of employment. Staff B stated she was hired in 2017.

Staff A stated during interview at 11:00 AM on that she and Staff B had not completed this training and they did not have personnel files with any training certificates. The facility provided no additional documentation of the required training for these staff members at this time.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and an interview, the facility failed to ensure a staff member who has completed courses in both First Aid and , and holds a currently valid card documenting completion of such courses, was in the facility at all times for 2 out of 2 sampled staff (Staff A and B).

The findings included:

a) Review of the personnel file for Staff A who works as a live in caregiver revealed no current training with a valid card in First Aid or . Staff A and Staff B were observed providing direct care to 7 residents on at 8:00 AM.

b) Review of the personnel file for Staff B who works as a live in caregiver revealed no current training with a valid card in First Aid or . Staff A and Staff B were observed providing direct care to 7 residents on at 8:00 AM.

Staff A confirmed during interview at 10:30 AM on that the documentation of training in First Aid

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967874	02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL CARE AT VERO BEACH INC	**1130 7 AVENUE VERO BEACH, FL 32960**

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

and was not present and available for review for either herself or Staff B who were left in sole charge of residents. She stated that they were scheduled to receive this training. The facility provided no additional documentation of the required training for review at this time.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observations, record review and interviews, the facility failed to ensure that 2 out of 2 unlicensed staff members (Staff A and B), who provided assistance with self-administered medications, had successfully completed a minimum of 4 hours of initial training on providing assistance with self-administered medications and safe medication practices in an ALF (Assisted Living Facility).

The findings included:

a) The personnel file for Staff A was reviewed for documentation of a minimum of 4 hours of training on providing assistance with self-administered medications and safe medication practices in an ALF. There was no documentation of this training found for this unlicensed staff member who provided assistance with self-administration of medication to residents. Staff A was observed assisting residents (Residents #1 and #2) with self-administration of medication on at 8:45 AM.

b) The personnel file for Staff B was reviewed for documentation of training on providing assistance with self-administered medications and safe medication practices in an ALF. There was no documentation of this training found for this unlicensed staff member who provided assistance with self-administration of medication to residents. Staff B was observed assisting residents (Residents #1, #2 and #3) with self-administration of medication on beginning at 8:45 AM.

Staff A and B stated during interview on at 10:30 AM that they had not completed any training in assisting residents with self-administration of medication in an ALF. Staff A stated they were scheduled to receive the training with a pharmacist but had not attended the training yet. The facility provided no additional documentation for review at the time of the survey.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on record review and an interview, the facility failed to ensure that 1 out of 1 sampled staff member (Staff C) who was the Administrator and responsible for the facility's food service and the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967874	02/08/2018
NAME OF PROVIDER OR SUPPLIER **ANGEL CARE AT VERO BEACH INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1130 7 AVENUE** **VERO BEACH, FL 32960**	

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

day-to-day supervision of food service staff had obtained, annually, a minimum of 2 hours of continuing education in topics pertinent to nutrition and food service in an ALF (Assisted Living Facility).

The findings included:

Staff A was interviewed on at 11:00 AM and stated the Administrator was responsible for the facility's food service and the day-to-day supervision of food service staff. Documentation of a minimum of 2 hours of continuing education in topics pertinent to nutrition and food service in an ALF for the Administrator was requested at this time. There was no documentation of this training dated within the previous year found for the Administrator. The facility provided no additional documentation for review at this time.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and an interview, the facility failed to ensure that 2 out of 2 sampled staff (Staff A and B) who provide direct care to residents had received training in the facility's policy and procedure regarding ( ) within 30 days of employment.

The findings included:

a) Review of the personnel file for Staff A, who provides direct care to residents, revealed there was no documentation of the required training in the facility's policy and procedure regarding dated within 30 days of employment. Staff A stated she was hired in , 2018.

b) Review of the personnel file for Staff B, who provides direct care to residents, revealed there was no documentation of the required training in the facility's policy and procedure regarding dated within 30 days of employment. Staff B stated she was hired in 2017.

Staff A stated during interview at 11:00 AM on that she and Staff B had not completed this training and they did not have personnel files with any training certificates. The facility provided no additional documentation of the required training for these staff members at this time.

Class III

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967874	**02/08/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL CARE AT VERO BEACH INC	**1130 7 AVENUE VERO BEACH, FL 32960**

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

Based on record review and an interview, the facility failed to maintain a personnel file containing all required components for 2 out of 2 sampled staff members (Staff A and B).

The findings included:

On at 10:00 AM, the personnel files for Staff A and B were requested from Staff A. Staff A stated during interview at this time that there were no personnel files for herself and Staff B. During review of facility records, there were no personnel files located for Staff A or B. The following components of the personnel files were unavailable for review at this time:

a. Employment application with references
b. Criminal background screening results
c. Training certificates
d. Free of communicable statements by a health care provider
e. Participation in elopement drills
f. Written work schedule

Class

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on review of the Agency's Background Screening Clearinghouse website, and a staff interview, the facility failed to maintain a current employee roster for all employees of the facility. This includes 2 out of 2 sampled staff (Staff A and B).

The findings included:

On , a review was conducted of the facility's employee roster located on the Agency's Background Screening Clearinghouse website. At this time, two (2) current employees (Staff A and B) were not listed on the roster.

Review of the facility's staffing schedule during interview with Staff A revealed Staff A and B are current employees at the facility. Staff A and B were observed on at 8:15 AM in sole charge of seven (7) residents at the facility, providing personal care and services.

During interview with Staff A on at 10:00 AM, she stated she did not know about the Agency's Clearinghouse Employee Roster with the addition of herself and Staff B. The facility provided no

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967874	02/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL CARE AT VERO BEACH INC	**1130 7 AVENUE VERO BEACH, FL 32960**

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

additonal information for review at this time.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and an interview, the facility failed to ensure that 2 out of 2 sampled staff (Staff A and B) who provide personal care and services for residents were in compliance with the Level II criminal background screening requirement.

The findings included:

The personnel files for Staff A and B were requested from Staff A at 9:30 AM on . . . ., to be reviewed for documentation of compliance with the Level II criminal background screening requirement. A review of the Agency's clearinghouse background screening website revealed no evidence of screenings done for Staff A or B. There was no documentation of these screenings found during review of the facility's records. There was no record of a completed screening on the Agency's background screening website on for either Staff A or B.

a) Staff A was interviewed at 9:15 AM on and stated she had not had a criminal background screening done, and she did not know that this was required. She stated she had not had her fingerprints recorded for the purpose of this criminal background screening. She stated she had worked at the facility since . . . . , 2018.

b) Staff B was interviewed at 9:30 AM on . . . . and stated she also had not had a criminal background screening completed, including fingerprints taken.

The correct spelling of their names and dates of birth were obtained from Staff A and B at this time. Neither staff member could be located in the Agency's background screening database with the information provided. There was no record of a criminal background screening requested or completed for either Staff A or B as of . . . . . The facility provided no additional information for review at this time.

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on employee record review and a staff interview, the facility failed ensure AHCA Form 3100-0008, , 2013, Affidavit of Compliance with Background Screening Requirements, was signed and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967874	**02/08/2018**
NAME OF PROVIDER OR SUPPLIER **ANGEL CARE AT VERO BEACH INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1130 7 AVENUE** **VERO BEACH, FL 32960**	

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

placed in 2 out of 2 employees' personnel files (Staff A and B).

The findings included:

During employee record review for Staff A and B, no Affidavit of Compliance with Background Screening Requirements could be found within facility records. A request for the Affidavits was made to Staff A on at 12:00 PM, but Affidavits were unavailable.

On at 12:00 PM, Staff A acknowledged there were no personnel files available for review for herself or Staff B. The facility provided no additional documentation for review at this time.

Unclassified