

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968092	(X3) DATE SURVEY COMPLETED R 07/17/2018
NAME OF PROVIDER OR SUPPLIER VANGELA'S ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 789 NW 145 TERRACE MIAMI, FL 33168	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Follow Up Visit to a Complaint (CCR#2018001782) Survey was conducted at Vangela's ALF Corp (license #12120) on . had a deficiency at the time of the visit. 0081 - Training - Staff In-Service - 58A-5.0191(2) FAC Based on record review and interview, the facility failed to ensure that one out of five sampled staff received in-service training within 30 days of hire (Staff E). Findings included: On . a review of the facility's personnel revealed that the facility did not have in-service training in file for Staff E. During an interview on . at 9:40 AM, the Administrator stated "Staff E came here for two weekends and did not come back. Staff E does not have all of the training." The background screening database showed Staff E was hired on . Staff E still a current employee at the facility. Uncorrected Class III		