STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968340	**08/27/2018**
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 generator monitoring visit was conducted on , 2018. Nursing Care by Angels LLC, license #12241, had a deficiency at the time of the visit.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on review of facility records and interview, the facility failed to, within five business days, notify in writing each resident and the resident's legal representative upon submission of its emergency environmental control plan to the local emergency management agency that the plan had been submitted for review and approval.

Findings:

Review of the facility's approval letter for its emergency environmental control plan revealed the local emergency management agency approved the plan on .

A request was made to review the written notification that the facility provided to each resident and the resident's legal representative when the facility submitted its plan for review and approval.

On at 1:45 p.m. the administrator said written notification was not provided to each resident and the resident's legal representative, as required.

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