STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968306	**11/26/2018**
NAME OF PROVIDER OR SUPPLIER **ANGELS ON YOUR**	STREET ADDRESS, CITY, STATE, ZIP CODE **487 GODFREY RD SE** **PALM BAY, FL 32909**	

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

0000 - Initial Comments

A monitoring visit for Limited Nursing Services (LNS) was conducted on . Angels on Your license # 12257 had a deficiency at the time of the visit.

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

Based on record review and interview the facility failed to maintain the employment status of all employees within the BGS clearinghouse.

Findings:

In a telephone interview on at 1 PM with the administrator who said she and another staff (B) were the only employees.

In an interview with staff B on 11/26/18 at 1:15 PM who said there was another staff who worked at the facility, but things did not work out for her so she quit, sometime in , or .

Staff schedule review for , noted staff C was listed on the schedule for all the weekends on that month and last worked on .

Review of the facility's BGS roster on at 1:15 PM revealed that staff C was listed as a current facility staff, with a hire date of .

In a telephone interview on at 1:30 PM with the administrator who confirmed the staff no longer worked at the facility and added she forgot to update the log.

Unclassified