STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967125	**12/12/2018**
NAME OF PROVIDER OR SUPPLIER **ANGELES SENIOR CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **13751 SW 17 TERRACE** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A Complaint Investigation (CCR 2018016585) was conducted on and concluded on . Angeles Senior Care, Inc had deficiencies identified at the time of the visit.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to keep centrally stored medications in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times.

Findings included:

During the facility tour on around 8:35 AM observed three labeled drop in a plastic bag behind a locked gray box inside of the refrigerator: Lumigan solution, 0.2% , 10 Bromidine solution 0.2%. Further observation showed the medication storage in the wall unit was unlocked.

In an interview on at 8:40 AM the Owner stated "the medications are for Resident #3."

On at 8:49 AM the Owner acknowledged that the medication cabinet was unlocked, grabbed a set of keys from the kitchen drawer, and said "I am locking it now."

Class III

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

Based on observation and interview, the facility failed to maintain an environment free of hazards for six out six sampled residents.

Findings included:

On at 8:35 AM observed an uncovered dish of baked food in the refrigerator. Further observation showed # had three beds.

In an interview on at 8:40 AM, the Owner removed the dish and throw the food in the garbage and stated "it was from yesterday." The Owner added "the bed in the middle is not occupied. There are only two residents in the room."

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On at 12:15 PM observed that the extra bed in # was removed.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review, and interview, the facility failed to have an updated health assessment completed by a healthcare provider after a significant change occurred to 1 out of 6 sampled residents (Resident #2). The facility also failed to have a Power of Attorney (POA), a proxy or a surrogate in file for 1 out of six sampled residents.

Findings included:

1) A review of Resident #2's health assessment dated and documented the following medical history and diagnoses: Subdual Hematoma, Ventriculo , history of , Unsteady Gait, history of , Aphasia, and . The resident was on precaution. He Needed assistance with ambulation, bathing, and transferring. Needed supervision with eating, grooming, and toileting.

At 11:01 AM on observed Resident #2 walking with a walker and had a on the side of his .

At 11:06 AM on Resident #2 stated "I don't feel good. I have been living her for 3 months. I am here because my son brought me here I want to go home. Yes, I have a ."

Resident #2 was able to talk/communicate normally. The Health assessment did not state that the resident had a in place.

2) Review of Resident' #1's health assessment dated listed the following medical history and diagnoses: Patient 's early stage , History of , and . Physical or sensory limitations" Resident needed total assistance with Activity of Daily Linvings, unable to take care of herself, patient is bed bound. or behavioral status "disoriented, speaks incoherent words. , contract, and consent for hospice care was signed by the resident's family member. Further review showed no documentation of a POA, a proxy, or a surrogate.

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Class III