STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969188	**02/14/2019**
NAME OF PROVIDER OR SUPPLIER **ANGEL CARE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2821 NE 18 ST** **POMPANO BEACH, FL 33062**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on at Angel Care ALF Inc., License #13005. The facility had deficiencies at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, interview and record review, the facility failed to ensure (3) three residents were reassessed for continued residency upon significant health changes (including diagnosis, hospice services, and dietary needs) to ensure that the resident's needs could be met in the facility. It was also determined that the facility failed to maintain an accurate, updated and complete Resident Health Assessment (AHCA form 1823) to ensure appropriate care and services were provided to a resident, for 3 out of 3 sampled resident records reviewed (Resident #1, 2, 3).

The findings include:

1) A record review conducted for Resident #2 revealed the latest Health Assessments AHCA form 1823 completed was dated on upon admission with a diagnosis of ( ) , hearing loss, abnormal function, ( ) , and lack of coordination. The 1823 form states / precautions and notes: on the 10th no injury, and use of brace when out of bed. During an interview with the Owner and Administrator on at 2:00 PM, they state that Resident #2 no longer wears a brace and no longer receives , and the on the 10th refers to a at home prior to admission to the facility on .

Further review of Resident #2's record revealed a staff note dated , a observed on right and received care from a Home Health Agency (HHA). Notes dated on by the HHA, documents size of 1.0x0.5xx01 with no improvement. HHA note dated , documents Resident #2's vital signs and noticed a foul smell when draining the . Resident#2 displayed chills and complained of discomfort. The HHA notified the Doctor and recommended to transfer Resident #2 to the local hospital. The facility and daughter POA were notified on of the Doctor's recommendation and Resident #2's daughter refused the transfer. The HHA requested a care , consult. Hospice services started including care. The facility failed to re-assess Resident #2 for the significant change of a , to assess care from a Home Health Agency and later on through Hospice services.

2) A record review conducted for Resident #1 revealed the latest Health Assessments AHCA form 1823

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completed on dated upon admission with a diagnosis of unspecified. Further review of Resident #1's record state the following diagnoses that were not recorded on the 1823 form; (Obstruction) and uses , diet controlled , and left change. In addition, the 1823 form does not include special instructions of a diet controlled meal and all drinks given by syringe feeder to Resident #1. A record review of Resident #1's Medication Observation Record reveal medications prescribed for , , , , and , which is not documented on Resident#1's Health Assessment AHCA form. During an interview with the Owner and Administrator on at 2:00 PM, they stated that Resident #1 currently receives hospice services per her daughter's request. The facility failed to re-assess Resident #1 for significant change for hospice services and update with accurate and current information the AHCA form 1823.

3) Record review revealed the latest Health Assessments AHCA form 1823 completed for Resident #3 dated upon admission, documents diagnosis as myopathy, , , (,), (, ,). During an interview with the Owner and Administrator on at 2:00 PM, they stated that Resident #3 currently receives hospice services as per daughter's request after a hospitalization for . Further review of Resident #3's record revealed hospice services started on upon a significant change. The facility failed to re-assess Resident #3 for hospice and update the Health Assessment AHCA form 1823 with accurate and current information of a diagnosis of and indicate hospice services.

The Owner and Administrator was present during the survey and during an interview , on at 3:30 PM, they agreed and confirmed the findings, and no other documentation or information provided.

Class III

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

Based on interview and record review, it was determined the facility failed to ensure that each staff member submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable including ( ) annually, for 1 of 3 sampled employee records reviewed (Administrator).

The Findings Included:

During personnel record review on with the Administrator for three staff members indicate the

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Administrator's file did not have current documentation from a health care provider stating; that the individual does not have any signs or symptoms of communicable . . . . . , including annually. Last Physician statement found in record was dated , and no documentation regarding an update on status. A record review of the Administrator's file reveals a hire date of . . . and documentation of CORE training and certification.

The Owner and Administrator was present during the survey and confirmed the findings, and no further documentation or information provided.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on record review and an interview, the facility failed to ensure that 2 out of 3 sampled unlicensed staff members who provided assistance with self-administration of medication had successfully completed the additional 2 hours in continuing education training effective . . . . on providing assistance with self-administered medications and safe medication practices in an ALF (Owner and Administrator).

The findings included:

An employee record review conducted with the Administrator on , for the Owner; Administrator; and Staff A for documentation of training in "providing assistance with self-administered medications and safe medication practices in an ALF". There was no documentation found in the Owner and Administrator's file of the additional (2) two hour training conducted by a Pharmacist or Registered Nurse (RN) present in the file for this unlicensed resident aide who provided assistance with self-administration of medication to residents effective . . . . .

1) Owner hire date of . . . with an initial (4) four-hour hour medication course dated . . and the last (2) two hour update . . . . ; no additional (2) two hour update Effective . . . . .

2) Administrator hire date of . . . . with an initial (4) four-hour medication course dated . . . . and the last (2) two hour update ; no additional (2) two hour update Effective . . . . .

During interviews with the Owner and Administrator, on . . . . at 3:00 PM, they stated that they have not received the additional (2) two hour medication course focusing on additional responsibilities such as

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, , , , and , and they confirmed the findings and no further information provided.

Class III

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 Clearinghouse Background Screening for employment status for 3 out of 3 staff members (Owner; Administrator; and Staff A).

The findings included:

A review of current facility's staff schedule observed posted on at 1:00 PM compared to the Clearinghouse Background Screening Facility Employee Roster revealed that three current staff members not registered.

1) Owner hire date of
2) Administrator hire date of
3) Staff A hire date of

The Administrator and Owner were present during the survey and confirmed the findings and no further documentation or information was provided.

Unclassified