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| STATEMENT OF DEFICIENCIES                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11965248</b>            | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>02/28/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HOME FOR ALL THE ANGELS<br/>CORP</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9270 SW 42 TERRACE<br/>MIAMI, FL 33165</b> |                                                           |

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

**0000 - Initial Comments**

A Follow Up Visit to a Standard Biennial Survey was conducted on . . . . . Home For All The Angels, Corp. with Limited Mental Health component had deficiencies identified at the time of the survey.

**0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27**

Based on observation and interview, the facility failed to honor the rights of one out of six sampled residents (Resident #4). The facility used a hallway as a bedroom for Resident #4.

Findings included:

During the facility tour on . . . . . at 10:32 AM observed a room labeled as "employees only" occupied by Resident #4. The room had a refrigerator full of foods, a shelf with food storage, a door led to another room which had an attached bathroom and a door that led to backyard. The employees had to pass through Resident #4's area, which was a hallway to go to their own room.

In an interview on . . . . . at 10:57 AM, the Administrator said "the front room is for Resident #4 and the . . . . . room is where the employees sleep."

Uncorrected  
Class III

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

Based on record review and interview, the facility failed to provide documentation of a written statement from a health care provider showing that three out of five sampled staff (Staff A, B, and E) did not have any signs or symptoms of communicable . . . . .

Findings included:

Review of the facility's personnel files on . . . . . showed that the facility had expired communicable statements on file for Staff A dated 11/30/17 expired on . . . . . , for Staff B dated expired on . . . . . and for Staff E dated . . . . . expired on . . . . .

In an interview on . . . . . at 12:31 PM the Administrator stated "let me tell you if I go to the doctor and get it completed can I fax it to you?" It was explained to the Administrator that it could not be accepted

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 03/21/2019  
FORM APPROVED

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HOME FOR ALL THE ANGELS CORP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9270 SW 42 TERRACE<br/>MIAMI, FL 33165</b> |                                                           |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                        |                                                           |
| <p>for the inspection.</p> <p>Class III</p> <p><b>0162 - Records - Resident - 58A-5.024(3) FAC</b></p> <p>Based on record review and interview, the facility failed to have a completed health assessment for three out of six sampled residents (Resident #1, #3, and #6).</p> <p>Findings included:</p> <p>A review of the residents' files on                      showed that the facility had a health assessment in file for Resident #1 dated                      where the Nursing/Treatment/                      , Service Requirements was not completed. Resident #1 was on                      precautions and was                      . Further review, showed the Nursing/Treatment/                      , Service Requirements was not completed on Resident #2's health assessment dated                      , and Special precautions was not completed on Resident #6 health assessment dated                      , who had "very poor balance and coordination."</p> <p>In an interview on                      at 12:31 PM, the Administrator went through the files and acknowledged the findings.</p> <p>Class III</p> |                                                                                        |                                                           |