STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965085	**04/24/2019**
NAME OF PROVIDER OR SUPPLIER **ANGELS HOME INC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **9564 SW 58 STREET** **MIAMI, FL 33173**	

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

0000 - Initial Comments

A re-licensure survey was conducted at Angels Home Inc. (The) on . . . . . The assisted living facility had deficiencies identified at the time of the visit.

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

Based on record review and interview the facility failed to have freedom from ( ) documented on annual basis for three out of five Staff (Staff A, B, and D)

Findings as follow:

Record review showed the facility had no statement available for review for Staff A , B and D.

On . . . at 12:00 PM the Administrator stated that Staff A, B and D would go to the Doctor to obtain a statement.

Class III

0080 - Training - Core & Competency Test - 429.52( ) FS; 58A-5.0191(1) FAC

Based on record review and interview, the facility failed ensure that the Administrator completed 12 hours of CORE continuing education every two years, and failed to ensure that said administrator completed a new core training course and certification examination (Staff A).

Findings as follow:

Record review showed the Administrator's last CORE continuing education documentation was dated

.

On at 12:00 PM the Administrator stated that would go to receive the CORE training as soon as possible.

Class III

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

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Based on record review and interview, the facility failed to have two out of five sampled staff trained in how to assist residents with self-administration of medications (Staff B and D).

Findings as follow:

Record review showed Staff B's and Staff D's last medication training was dated .

On at 12:00 PM the Administrator stated Staff B and D assisted residents with self-administration of medications. She acknowledged Staff B and D needed updated medication trainings.

Class III

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on record review and interview the facility failed to have a Surety Bond for one out of five residents (Resident #1)

Findings as follow:

On at 9:00 AM the Administrator stated the facility was acting as the payee for Resident #1. The Administrator stated the facility had no a Surety bond.

Record review showed the facility had no a Surety bond on behalf of Resident #1.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation, record review and interview, the facility failed to have staff records for one out of five sampled Staff (Staff E). The facility failed to provide documentation of the eligible Level 2 background screening result for three out of five sampled staff (Staff B, C and E).

Findings as follow:

On at 7:45 AM Staff B and E were observed on duty caring for 5 residents.

Record review showed the facility had no personnel records for Staff E , the facility also had no

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documentation of the eligible level 2 background screening for Staff B, D and E.

On at 8:05 AM Staff C arrived stating that Staff E was a cousin that was visiting the country and she came to assist with resident care. She stated that Staff E had no background screening or trainings.

On at 8:30 AM the Administrator stated the facility conducted the background screening for Staff B and D but failed to print the results. The Administrator stated Staff E had no background screening.

Class III

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

Based on observation, record review and interview, the facility failed to have an accurate health assessment for two out of five sampled residents (Resident #3 and #5). The facility also failed to provide documentation of a health assessment for one out of five sampled residents (Resident #4). The facility also failed to have documentation of a power of attorney for two out of five sampled residents. (Resident #2 and #3)

Findings as follow:

A review of Resident #3's plan of care dated showed the resident was prescribed a puree diet, crushed medications, and a 2 liters. A review of Resident #3's health assessment dated showed it did not specify the type of assistance the resident needed with Activities of Daily Living (ADL), and it had no the updates in the type of diet and medications prescriptions. Record review showed no health assessment for Resident #4. Resident #5's health assessment dated showed the resident needed assistance with all ADL.

Record review showed Resident #2's Contract was signed on and Resident #3's was signed on by a family member. Further record review showed the facility had no Power of Attorney for residents #2 and #3.

On the Administrator acknowledged the health assessments of Resident #3 and #5 were not accurate. She added Resident #5 was bed bound and needed total assistance with the ADL. She stated that she had to request a new health assessment for Residents #3, #4 and #5.

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On at 11:00 AM the Administrator stated that she would request the power of attorney from the family of residents #2 and #3.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review and interview, the facility failed to be in compliance with the Emergency Power Plan.

Findings as follow:

On at 8:00 AM it was observed the facility had not installed monoxide detectors.

Record review showed the facility failed to acquire the necessary services to test and maintain the facility's power source. The facility had not informed, in writing, residents and family about the emergency power plan implementation.

On at 12:45 PM the Administrator stated she believed the documentation she had about the emergency power plan was complete.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

Based on record review and interview, the facility failed to have two out of five sampled staff (Staff C and D) trained in Limited Mental Health 3 hours of continuing education.

Findings as follow:

Personnel record review showed the facility had no documentation of 3 hours Limited Mental Health continued education training for Staff C and D.

On at 12:00 PM the Administrator stated she believed the Limited Mental Health training for Staff C and D were in their records.

Class III

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Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observation, record review and interview the facility failed to conduct a background screening for one out of five Staff (Staff E).

Findings as follow:

On at 7:45 AM Staff B and E were observed in facility with 5 residents.

Record review showed the facility had no documentation of an eligible Level II background screening result for Staff E.

On at 8:05 AM arrived Staff C who stated Staff E was a cousin that was visiting the country. She stated that Staff E came to assist with residents care. She stated that Staff E had no background screening.

Unclassified