

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967749	(X3) DATE SURVEY COMPLETED 05/20/2019
NAME OF PROVIDER OR SUPPLIER ANGEL CARE ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4301 31ST ST SOUTH SAINT PETERSBURG, FL 33712	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Change of Ownership Survey was conducted at Angel Care Assisted Living Facility on Deficiencies were identified at the time of the survey. 0052 - Medication - Assistance with Self-Admin - 429.256() ; 58A-5.0185 (3) Based on observation, interviews and record review the facility failed to assist with self-administration of medication appropriately for four Resident's (#13, #14, #15, and #16) of four sampled residents. Findings included: During a medication pass observation conducted on Staff B, an unlicensed staff, was observed not comparing the medication labels to the medication observation record (MOR) for Resident's #13 and #14. In an interview with Staff B conducted on at 8:15 AM, Staff B stated that the label on the medication card should be compared with the MOR. During a medication pass observation conducted on Staff A, an unlicensed staff, was observed not comparing the medication label to the MOR, not reading the label or removing medication for container, in the presence of the Resident's #15 and #16. Staff A did not observe Resident #15 take the medication. In an interview with Staff A conducted on at 11:38 AM, Staff A stated that the labels should be confirmed with the MOR, medication labels should be read to the resident, dispensed in front of the resident and observe the resident take the medication. In an interview with the Assistant Administrator (AA) conducted on at 1:46 PM the (AA) confirmed that the staff assisting with self-administration of medication should be following facility policy and procedure. In a record review of the facility's policy and procedure of medication standards conducted on (no date) confirms that staff were not following the facility's policy and procedure for providing assistance with self-administration of medication. (Photographic evidence)		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967749	(X3) DATE SURVEY COMPLETED 05/20/2019
NAME OF PROVIDER OR SUPPLIER ANGEL CARE ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4301 31ST ST SOUTH SAINT PETERSBURG, FL 33712	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Class III 0053 - Medication - Administration - 58A-5.0185(4) FAC Based on observation, record review and interview the facility failed to provide licensed staff to assist with medication administration for one (Resident #16) of four residents sampled. Findings included: On _____, Staff A, an unlicensed staff, was observed during a medication pass at 8:41 AM providing medication administration to Resident # 16. A record review for Staff A on _____ revealed that Staff A had a six hour med tech training and not a licensed profession qualified to administer medication. In an interview with the Assistant Administrator, conducted on _____ at 1:46 PM confirmed that the med techs employed at the facility are not licensed to administer medication. Class III 0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC Based on observation, record review and interview the facility failed to follow Physician orders for two Residents (#13 and #15) of four sampled residents. Findings included: A medication observation for Resident #13, conducted on _____ at 8:07 AM, revealed that Resident #13 received _____ 112 mg at this time. A medication observation record review for Resident #13 conducted on _____, revealed that Resident #13 medication _____ was scheduled for 7:00 AM. In an interview with Staff B, conducted on _____ at 8:20 AM, Staff A stated that they do not start the medication pass until 8:00 AM and that Resident #13 receives the 7:00 AM _____ after 8:00 AM. A medication observation for Resident #15, conducted on _____ at 8:34 AM, revealed that		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967749	(X3) DATE SURVEY COMPLETED 05/20/2019
NAME OF PROVIDER OR SUPPLIER ANGEL CARE ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4301 31ST ST SOUTH SAINT PETERSBURG, FL 33712	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Resident #15 received 112 mg at this time. A medication observation record review for Resident #15 conducted on, revealed that Resident #15 medication was scheduled for 7:00 AM. In an interview with Staff A, conducted on at 8:20 AM, Staff A stated that they do not start the medication pass until 8:00 AM and that Resident #15 receives the 7:00 AM after 8:00 AM. Class III 0081 - Training - Staff In-Service - 58A-5.0191() FAC Based on record review and interview the facility failed to ensure that 1 (Staff A) of 3 employees who provide direct care to residents had completed the required 2 hour Preservice Orientation training prior to interacting with residents, Reporting Major Incidents, Reporting Adverse Incidents, Facility Emergency Procedures, Incident Reporting and Elopement Response training within 30 days of hire. The Facility also failed to ensure that 3 (Staff A, B and C) of 3 employees who provide direct care to residents had completed 3 hours of Activities of Daily Living and Behavioral Needs training within 30 days of hire. Findings included: A record review of Staff A's record was conducted on, Staff A hired as a Medication Technician and Caregiver had a hire date of Staff A's record did not include documentation of completion of a 2 hour Preservice Orientation prior to interacting with residents and documentation of training in Reporting Major Incidents, Reporting Adverse Incidents, Facility Emergency Procedures, Incident Reporting, Activities of Daily Living and Behavioral Needs and Elopement Response training within 30 days of hire. A record review of Staff B's record was conducted on, Staff B hired as a Medication Technician and Caregiver had a hire date of Staff B's record did not include documentation of Activities of Daily Living and Behavioral Needs Training. A record review of Staff C's record was conducted on, Staff C hired as a Medication Technician and Caregiver had a hire date of Staff C's record did not include documentation of Activities of Daily Living and Behavioral Needs Training. During an interview with the Assistant Administrator on at 12:30pm, the Assistant administrator		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967749	(X3) DATE SURVEY COMPLETED 05/20/2019
---------------------------	---	---

NAME OF PROVIDER OR SUPPLIER ANGEL CARE ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4301 31ST ST SOUTH SAINT PETERSBURG, FL 33712
--	---

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

confirmed the lack of training documentation in the employee records and that Staff A provides direct personal care to the residents. The Assistant Administrator stated I already knew we weren't going to find those trainings

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview the facility failed to ensure that 1 (Staff A) of 3 employees sampled who provide direct care to residents had completed the required 1 hour training related to the facility's Policy and Procedure within 30 days of hire.

Findings included:

A record review of Staff A's record was conducted on , Staff A hired as a Medication Technician and Caregiver had a hire date of . Staff A's record did not include documentation of completion of () training within 30 days of hire.

During an interview with the Assistant Administrator on at 12:30pm, the Assistant administrator confirmed the lack of training documentation in the employee records and that Staff A provides direct personal care to the residents. The Administrator stated I already knew we weren't going to find those trainings

Class III

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

Based on record review and interview the facility failed to have proper documentation of the , of a power of attorney for Resident #11 of two sampled residents.

Findings included:

In a record review for Resident #11 conducted on , it was revealed that a responsible party signed the Resident's lease contract. Power of Attorney legal papers were not present in Resident #11's financial file.

In an interview with the assistant administrator, conducted at 2:55 PM the assistant administrator stated that Resident #11's contract is signed by the Power of Attorney. The assistant administrator stated that

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/05/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967749	(X3) DATE SURVEY COMPLETED 05/20/2019
NAME OF PROVIDER OR SUPPLIER ANGEL CARE ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4301 31ST ST SOUTH SAINT PETERSBURG, FL 33712	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
legal documents appointing this person as Power of Attorney were not in the residents file . Class III		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967749	(X3) DATE SURVEY COMPLETED 05/20/2019
NAME OF PROVIDER OR SUPPLIER ANGEL CARE ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4301 31ST ST SOUTH SAINT PETERSBURG, FL 33712	

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

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on record review and interview the facility failed to ensure that 3 of 3 (A, B and C) employees whose records were reviewed included documentation to include: Background Screening, Compliance Attestation (AHCA Form 3100-0008).

Findings included:

A record review of Staff A's record was conducted on, Staff A hired as a Medication Technician and Caregiver had a hire date of Staff A's record did not include documentation of a Background Screening, Compliance Attestation (AHCA Form 3100-0008).

A record review of Staff B's record was conducted on, Staff B hired as a Medication Technician and Caregiver had a hire date of Staff A's record did not include documentation of a Background Screening, Compliance Attestation (AHCA Form 3100-0008).

A record review of Staff C's record was conducted on, Staff C hired as a Medication Technician and Caregiver had a hire date of Staff A's record did not include documentation of a Background Screening, Compliance Attestation (AHCA Form 3100-0008).

A record review of Staff A's record was conducted on, Staff A hired as a Medication Technician and Caregiver had a hire date of Staff A's record did not include documentation of Control Training.

During an interview with the Assistant Administrator on at 12:30pm, the Assistant administrator confirmed the lack of training documentation in the employee records and that Staff A, B and C provide direct personal care to the residents . The Administrator stated I already knew we weren't going to find those trainings.

Unclassified