

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/10/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GARDEN VALLEY RETIREMENT HOME, LLC

**18140 NW 90 AVENUE
MIAMI, FL 33018**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
CZ824 SS=C	408.811 FS; 59A-35.120 FAC Right of Inspection; Inspection Reports 408.811 Right of inspection; copies; inspection reports; plan for correction of deficiencies.- (1) An authorized officer or employee of the agency may make or cause to be made any inspection or investigation deemed necessary by the agency to determine the state of compliance with this part, authorizing statutes, and applicable rules. The right of inspection extends to any business that the agency has reason to believe is being operated as a provider without a license, but inspection of any business suspected of being operated without the appropriate license may not be made without the permission of the owner or person in charge unless a warrant is first obtained from a circuit court. Any application for a license issued under this part, authorizing statutes, or applicable rules constitutes permission for an appropriate inspection to verify the information submitted on or in connection with the application. (a) All inspections shall be unannounced, except as specified in s. 408.806. (b) Inspections for relicensure shall be conducted biennially unless otherwise specified by authorizing statutes or applicable rules. (2) Inspections conducted in conjunction with certification, comparable licensure requirements, or a recognized or approved accreditation organization may be accepted in lieu of a complete licensure inspection. However, a licensure inspection may also be conducted to review any licensure requirements that are not also requirements for certification. (3) The agency shall have access to and the licensee shall provide, or if requested send, copies of all provider records required during an inspection or other review at no cost to the agency, including records requested during an	CZ824		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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CZ824	Continued From page 1 offsite review. (4) A deficiency must be corrected within 30 calendar days after the provider is notified of inspection results unless an alternative timeframe is required or approved by the agency. (5) The agency may require an applicant or licensee to submit a plan of correction for deficiencies. If required, the plan of correction must be filed with the agency within 10 calendar days after notification unless an alternative timeframe is required. (6)(a) Each licensee shall maintain as public information, available upon request, records of all inspection reports pertaining to that provider that have been filed by the agency unless those reports are exempt from or contain information that is exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution or is otherwise made confidential by law. Copies of such reports shall be retained in the records of the provider for at least 3 years following the date the reports are filed and issued, regardless of a change of ownership. (b) A licensee shall, upon the request of any person who has completed a written application with intent to be admitted by such provider, any person who is a client of such provider, or any relative, spouse, or guardian of any such person, furnish to the requester a copy of the last inspection report pertaining to the licensed provider that was issued by the agency or by an accrediting organization if such report is used in lieu of a licensure inspection. 59A-35.120 Inspections. (1) When regulatory violations are identified by the Agency: (a) Deficiencies must be corrected within 30 days of the date the Agency sends the deficiency	CZ824			

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CZ824	Continued From page 2 notice to the provider, unless an alternative timeframe is required or approved by the Agency . (b) The Agency may conduct an unannounced follow-up inspection or off-site review to verify correction of deficiencies at any time. (2) If an inspection is completed through off-site record review, any records requested by the Agency in conjunction with the review, must be received within 7 days of request and provided at no cost to the Agency. Each licensee shall maintain the records including medical and treatment records of a client and provide access to the Agency. (3) Providers that are exempt from Agency inspections due to accreditation oversight as prescribed in authorizing statutes must provide: (a) Documentation from the accrediting agency including the name of the accrediting agency, the beginning and expiration dates of the provider's accreditation, accreditation status and type must be submitted at the time of license application, or within 21 days of accreditation. (b) Documentation of each accreditation inspection including the accreditation organization's report of findings, the provider's response and the final determination must be submitted within 21 days of final determination or the provider is no longer exempt from Agency inspection. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide timely access to the building for an unannounced compliance inspection. Findings included:	CZ824			

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CZ824	Continued From page 3 On at 06:05 AM, knocked on the facility's main entrance door, nobody answered the door. Called facility's phone number twice at 06:06 AM and 06:08 AM. Nobody answered the phone. At 06:09 called Staff B, left a call message. At 06:10 AM, called Staff C. Staff C suggested to call Staff B. She stated she was coming to the facility. At 06:11 AM, called Staff A, and she stated that she would call the staff on duty. She would call surveyor At 06:20 AM, knocked on the facility door again, nobody came to the door. On at 06:25 AM, Staff G came to the door and opened it. She stated she did not hear the phone ring or the knock on the door. Unclassified	CZ824		

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A 000	Initial Comments A complaint investigation (Complaint # 2019014477) was conducted at Garden Valley Retirement Home LLC from through Deficiencies were identified at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel	A 025		

AHCA Form 3020-0001

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A 025	Continued From page 1 independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review, interview and observation, the facility failed to maintain an updated written record with any significant changes or any illnesses that resulted in the medical attention for two out of sampled residents (#2 and #8). The facility failed to notify the resident's Primary Care Provider (PCP) and health care surrogate when the resident had a change in condition that required higher level of care for one out of eight sampled residents (#2). Findings included: 1. Review of Resident #2's records showed that her admission date was on _____. A health assessment dated _____ indicated that the resident had medical history and diagnoses of _____, "HA", _____, and status post _____ (_____). The resident had left side _____ with gait disturbance. She needed staff supervision and assistance with assistance with medications and	A 025		

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A 025	Continued From page 2 universal and . precautions. Hospital records found in Resident #2's record showed that she visited a unit of a local hospital with a chief complaint of on . There was written note in the corner of the document showing "Resident transferred to the hospital on Sunday 7th at 1:31 due to she . at church. Returned at 1 PM on Monday ." Review of Resident #2's progress notes did not show any visit to the hospital in 2) On . at 6:31 AM, Resident #8 was observed awake and ambulating inside # . The resident wore no clothing on the lower part of the body leaving uncovered her . area, external . system and the . area. The resident turned around and had a pinkish/reddish color . coming out between the gluteus. The . was approximately as big as an apple. The . looked like a . A review of Resident #8's health assessment documented a medical history of difficulty in walking, Hx of falling (history of falling), major Unpathy, ... Dx (.), ... (.), and The assessment also revealed Resident #8 was forgetful at times and needed . /skin precautions. Resident #8 needed assistance with all ADL such as ambulation, bathing, ... self-care (grooming), toileting, and transferring. A review of the health assessment, progress notes, or resident observation log did not indicate if the doctor was aware of the	A 025		

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A 025	Continued From page 3 2. Review of the progress notes in Resident #2's records showed that on _____ the resident slipped when attempting to get up and _____ to the floor; the facility sent her to the hospital. According to the notes, she returned on _____. The resident went to the hospital on _____ because she was _____, and had speech problems, returning on _____. The resident went to the hospital on _____ because she had _____ and problems with the balance. She returned from the hospital on _____ but continued with _____. The facility sent her to the hospital on _____ for further evaluation after the resident being disoriented and slipped out of bed. She returned the same date because there was nothing abnormal found. The facility sent the resident to the hospital on _____ because she was incoherent and aggressive. There was no documentation of when Resident #2 returned to the facility. There was no documentation that the facility notified Resident #2's PCP and the health care surrogate after she went to the hospital on _____ and _____. On _____ at 11:36 AM, Staff E identified as Resident #2 the person covered with a blanket and resting on a couch in the family room. On _____ at 2:34 PM, Staff F stated that Resident #2 informed the staff them that she _____ Staff F stated 'She actually had a _____, lost the balance and started to slide to the floor.' Staff F further stated the resident complained of falling and the staff sent her to the hospital. The incident happened the previous week. The resident returned the same day. On further interview at _____	A 025		

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A 025	Continued From page 4 3:33 PM, Staff F stated that Resident # 2 had a and her other side has become weak. She received continuous supervision from the facility. The resident without giving any sign that something was wrong. She attempting to get out of the bathroom. She used a cane for ambulation. The doctor checked on her but Staff F did not remember documenting any of the doctor's visits. Class III	A 025			
A 027 SS=D	59A-36.007(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must: (a) Assist residents in making _____ and remind residents about scheduled _____ for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation. (c) The facility may not require residents to receive services from a _____ health care provider. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to assist residents with arrangements for health care services for two out of eight sampled residents (#2 and #8). Findings included:	A 027			

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A 027	Continued From page 5 Review of Resident #2's records showed that her admission date was on . There was a health assessment completed on . which indicated that she had medical history and diagnoses of , "HA", , and status post (). The resident had left side with gait disturbance. She needed staff supervision and assistance with assistance with medications and universal and precautions. Review of the progress notes in Resident #2's records showed that on the resident slipped when attempted to get up and to the floor; the facility sent her to the hospital. She returned on . The resident went to the hospital on because she was , and had speech problems, returning on . The resident went to the hospital on because she had and problems with the balance. She returned from the hospital on but continued with . The facility sent her to the hospital on for further evaluation after the resident being disoriented and slipped out of bed. She returned the same date because there was nothing abnormal. The facility sent the resident to the hospital on because she was incoherent and aggressive. There was no documentation that when Resident #2 returned to the facility. There were hospital records in Resident #2's record. The discharge summary from a local hospital showed that the admitting diagnosis on matched with the discharge diagnosis on of syncopal episode. A local hospital discharged the resident on at 11:34 PM with diagnosis of . The discharge instructions indicated that she needed to follow	A 027			

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A 027	Continued From page 6 with the physician in 2 days. A local hospital discharged the resident on _____ at 4:24 AM with diagnoses of _____ and _____. The discharge instructions indicated that she needed to follow with the physician in 2 days. There was no documentation indicating the resident had any follow up with her Primary Care Physician after the hospitalizations. On _____ at 3:33 PM, Staff F stated that the doctor checked on Resident #2 but Staff F did not remember documenting any of the doctor's visits. The doctor went to the facility when they informed him that a resident needed an evaluation. On _____ at 6:31 AM, Resident #8 was awake and ambulating inside # _____. The resident did not wear clothes on the lower part of the body leaving uncovered her _____ area, external _____ system and the _____ area. The resident turned around and had a pinkish/reddish color _____ coming out between the gluteus. The _____ approximately as big as an apple. The _____ looked like a _____. Resident #8's health assessment documented a medical history of difficulty in walking, Hx of falling (history of falling), major _____, _____, Unpathy, _____, Dx (_____), _____ (_____), and _____. The assessment also revealed Resident #8 was forgetful at times and was in _____/skin precautions. Resident #8 needed assistance with all ADL (activities of daily living) such as ambulation, bathing, _____, self-care (grooming), toileting, and transferring. Resident #8's observation log revealed that the doctor came to the facility and made change to	A 027			

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A 027	Continued From page 7 Resident #8's medication on and The resident observation log did not reveal if the resident ever saw a doctor for the On at 1:20 PM, the Administrator stated that Resident #8 was at the facility. The Administrator further stated that the facility would follow up with a doctor regarding evaluation of Resident #8's coming out between her gluteus. Class III	A 027		
A 032 SS=D	59A-36.007(8) FAC Resident Care - Elopement Standards 59A-36.007 (8) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2) (a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make,	A 032		

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A 032	Continued From page 8 at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to sections 429.41(1)(a)3. and	A 032			

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A 032	Continued From page 9 429.41(1)(i), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and maintain resident elopement response policy and procedure. Findings included: A review of facility records showed no documentation of a written policy and procedures that explained the response when a resident eloped. On _____ at 3:08 PM, Staff F stated that the facility did not have any other policy and procedures. Class III	A 032			
A 052 SS=D	429.256() ; 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an _____ syringe that is prefilled with the proper dosage by a pharmacist and an _____ that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container. (c) Placing an oral dosage in the resident's or placing the dosage in another container and	A 052			

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STREET ADDRESS, CITY, STATE, ZIP CODE

GARDEN VALLEY RETIREMENT HOME, LLC

**18140 NW 90 AVENUE
MIAMI, FL 33018**

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A 052	Continued From page 10 helping the resident by lifting the container to his or her (d) Applying _____ medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a _____, including removing the cap of a _____, opening the unit dose of _____ solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the _____. (h) Using a _____ to perform _____ level checks. (i) Assisting with putting on and taking off _____ stockings. (j) Assisting with applying and removing an _____ but not with titrating the prescribed _____ settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with _____ bags. (4) Assistance with self-administration does not include: (a) Mixing, _____, converting, or _____ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a _____ of the body. (d) Administration of _____ preparations.	A 052		

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A 052	Continued From page 11 (e) Irrigations or debriding agents used in the treatment of a skin condition. (f) _____, or _____ preparations. (g) Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be _____ or older, trained to assist with self administered medication pursuant to the training requirements of rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S. and this rule. (b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed.	A 052			

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A 052	Continued From page 12 (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility. 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record. 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S. 1. As used in section 429.256(4)(g), F.S., the term "competent resident" means that the	A 052			

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A 052	Continued From page 13 resident is cognizant of when a medication is required and understands the purpose for taking the medication. 2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation and record review, the facility failed to ensure that staff observed the resident take the medication and adhered to correct control techniques when assisting two out of eight sampled residents with self-administration of medication (#5 and #7). Findings included: On at 12:02 PM, observed Staff E put her gloves on without washing her or using sanitizer, then walked to Resident #5 with his noon medication, leaving the medication cart open. The staff stated, "Tu pastilla de las 12 Carbid/Levod" (translation would be as your noon pill Carb/Levod). The staff left the resident with the medication tablet, did not observe if he swallowed the medication and she signed Resident #5's Medication Observation Record (MOR) indicating that the medication was taken. A review of Resident #5's MOR showed that Staff E signed Carb/Levo 25/250 mg tab scheduled at 12 PM. On at 12:04 PM, observed Staff E	A 052		

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A 052	Continued From page 14 remove the gloves used when assisting Resident #5 with self-administration of medication. The staff then put on new gloves without sanitizing or washing her . The staff started to assist with self-administration of medication Resident #7. Staff E removed gloves and did not sanitize or wash her . after she finished assisting Resident #7 with medications. Class III	A 052		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take	A 054		

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A 054	Continued From page 15 medication as prescribed, or medication errors. (c) For medications that serve as chemical, the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to immediately update each Medication Observation Record (MOR) when staff assisted with self-administration of medications for five out of eight sampled residents (#2, #5, #6, #7 and #8). Findings included: Review of Residents #2, #5, #6, #7 and #8's MORs on at 6:39 AM showed that staff did not initial the MORs for none of those residents' medications scheduled on at 8 PM. Review of Residents #2, #5, #6, #7 and #8's medications on from 6:39 AM to 6:44 AM showed the evening medications were missing from medication cards on number 13. On at 7:07 AM, Staff G stated, "I gave them the medications but I forget to sign them last night." Class III	A 054			
A 055 SS=G	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL.	A 055			

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A 055	Continued From page 16 (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication	A 055			

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A 055	Continued From page 17 requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may be disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed	A 055			

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A 055	Continued From page 18 by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain medications in a safe manner, locked at all times. Facility failed ensure that medications did not pose a safety hazard to residents as evidenced by unsecured medications were accessible for four out of eight sampled medications (#2, #5, #6 and #8). Facility failed to return dispensed medical drugs to dispensing pharmacy. Findings included: On _____ at 11:32 AM, Staff E was the only staff at the facility taking care of five residents. On _____ at 11:36 AM, Staff E stated she needed to go _____ in the bathroom because one resident needed her help. Staff G went to the _____ for five minutes and would be _____. On _____ at 11:36 AM, there were three residents in the family room. Staff E identified each resident by their names. Resident #2 covered herself with a blanket and rested on a couch in the family room. Residents #5 and #6 sat on arm chairs watching TV in the family room. On _____ at 11:38 AM, Staff E went inside the bathroom on the hallway because Resident #7 was inside. Resident # 8 stayed outside the bathroom on the hallway.	A 055			

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A 055	Continued From page 19 On at 11:47 AM, there was a medication cart in the kitchen. The kitchen was open access and next to the family room where Residents #2, #5, and #6 were. The medication cart had a key hanging in the pin cylinder of the locker. The medication cart opened. Review of Resident #2's records showed that her admission date was on There was a health assessment completed on which indicated that she had medical history and diagnoses of, "HA", ..., ..., and status post (.). The resident had left side with gait disturbance. She needed staff supervision and assistance with assistance with medications and universal and precautions. On at 11:48 AM, observed in the unsecured medication cart had medications for the five residents living at the facility. There were different medications in the bottom drawer, including: - Metocarbamol tablets 500 mg (. 500 mg tablets). It had 10 tablets. It did not have the label with anyone name. - tablets 25 mg (. 25 mg tablets). It had 11 tablets. It did not have the label with anyone name. - Clordiazepoxido tablets 10 mg (Chlordiazepoxide 10 mg tablets). It had 10 tablets. It did not have the label with anyone name. - Metoclopramida tablets 10 mg (. 10 mg tablets). It had 17 tablets. It did not have the label with anyone name. - Difenhidraminr tablets 25 mg	A 055			

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A 055	Continued From page 20 (. 25 mg tablets). It had 6 tablets. It did not have the label with anyone name. - A bottle of Metilbromuro de Homatropina (.). The bottle had liquid inside. It did not have the label with anyone name. - A bottle of Centrum, Supplement. It did not have the label with anyone name. - A box of cranberry tract health. It did not have the label with anyone name. - A bottle of Extra Strength 500 mg. It did not have the label with anyone name. - A tube of Cream USP, 0.77%. It did not have the label with anyone name. - A tube of Cream 1% (Silver) 50 g. It did not have the label with anyone name. - There were two medication cards for Resident #2 dispensed on with 14 capsules inside each one. The one for the morning had 5 capsules left inside while the one for the evening had 6 capsules left inside. - There was a plastic bin labeled with "Staff G Personal". It had inside first aid supplies and some tablets in a card which named Dipirona tablets 500 mg- 8 tablets. - There was a clear plastic bag with five small reusable clear containers inside. Each small reusable clear container had medications inside. One of the containers had yellow round tablets and there was a typed label on the top of the tablets showing " 81 mg tablet". Second container had white round tablets and there was a typed label on the top of the tablets showing " 1 mg tablet". Third container had white capsules inside and there was a typed label on the top of the capsules	A 055		

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A 055	Continued From page 21 showing " 30 mg capsule". The fourth container had blue oval tablets and there was a typed label on the top of the tablets showing " 12.5 mg tablet". The fifth container had yellow oval tablets and there was a typed label on the top of the tablets showing " Sod DR 40 mg tablet". - There was a bottle of Relief - Subsalicylate 525 mg per 30 ml. On at 12 PM, Staff E stated that the medications inside the small clear containers belonged to the residents. She further stated that residents did not take their medications when they stayed at the hospital; the facility took the medications out of the cards and stored them. She said the residents did not take those medications. They held those medications in case that someone would need them. On at 12:02 PM, there were two bottles labeled for Resident #8. The labels showed that the bottles held 10 mg Sol and instructions to take one tablespoon (15 ml) every day. They were dispensed on and . Both bottles had liquids inside almost to the top. On at 3:50 PM, Staff C stated that Staff E informed her about unlocked med cart earlier on the day. On at 6:26 AM, there was a medication cart in the kitchen. The medication cart had a key hanging in the pin cylinder of the locker. The medication cart was open. On at 6:26 AM, Resident #6 rested in # located on the first floor. There was a	A 055		

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A 055	Continued From page 22 refrigerator in the resident's room and it had inside a bottle of _____ On _____ at 6:31 AM, Resident #8 was awake in _____ # _____ walking around. On further observation at 6:33 AM, there was a bottle of _____ on the bedside table in _____ # _____ Class II	A 055		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with chapters 465 and 499, F.S., and rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified;	A 056		

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A 056	Continued From page 23 for example, "as needed for . . . , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxed, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to section 465.0276(5), F.S., and rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they	A 056			

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A 056	Continued From page 24 were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that all prescribed medications had labels with the resident's name. The facility failed to ensure that no individual other than a pharmacist transfer medications from storage container to another. The facility failed to follow doctor order for one out of eight sampled residents (#8). Findings included: 1. On _____ at 11:47 AM, there was a medication cart in the kitchen. The kitchen was open access and next to the family room where Residents #2, #5, and #6 were. The medication cart had a key hanging in the pin cylinder of the locker. The medication cart opened. On _____ at 11:48 AM, the unsecured medication cart had medications for the five residents living at the facility. There were different	A 056			

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A 056	Continued From page 25 medications in the bottom drawer, including: - Metocarbamol tablets 500 mg (500 mg tablets). It had 10 tablets. It did not have the label with anyone name. - _____ tablets 25 mg (_____ 25 mg tablets). It had 11 tablets. It did not have the label with anyone name. - Clordiazepoxido tabletas 10 mg (Chlordiazepoxide 10 mg tablets). It had 10 tablets. It did not have the label with anyone name. - Metoclopramida tabletas 10 mg (_____ 10 mg tablets). It had 17 tablets. It did not have the label with anyone name. - Difenhidramina tabletas 25 mg (_____ 25 mg tablets). It had 6 tablets. It did not have the label with anyone name. - A bottle of Metilbromuro de Homatropina (_____). The bottle had liquid inside. It did not have the label with anyone name. - A tube of _____ Cream USP, 0.77%. It did not have the label with anyone name. - A tube of _____ Cream 1% (Silver _____) 50 g. It did not have the label with anyone name. 2. On _____ at 11:48 AM, there was a clear plastic bag with five small reusable clear containers inside as part of the unsecured medication cart in the kitchen. There were different medications in the bottom drawer, including: - Each small reusable clear container had medications inside. One of the containers had yellow round tablets and there was a typed label on the top of the tablets showing " _____ 81 mg tablet". Second container had white round	A 056		

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A 056	Continued From page 26 tablets and there was a typed label on the top of the tablets showing " 1 mg tablet". Third container had white capsules inside and there was a typed label on the top of the capsules showing " 30 mg capsule". The fourth container had blue oval tablets and there was a typed label on the top of the tablets showing " 12.5 mg tablet". The fifth container had yellow oval tablets and there was a typed label on the top of the tablets showing " Sod DR 40 mg tablet". On at 12 PM, Staff E stated that the medications inside the small clear containers belonged to the residents. Residents did not take their medications while they stayed at the hospital; the facility took the medications out of the cards and stored them. The residents did not take the medications. They held those medications incase that someone would need them. 3. On at 12:02 PM, there were two bottles labeled for Resident #8: 10 mg Sol and instructions to take one tablespoon (15 ml) every day. They were dispensed on and . Both bottles were almost full. A review of Resident #8's Medication Observation Record for showed that there was an order for 10 mg solution and instructions to take one tablespoon (15 ml) every day. The medication showed the scheduled time at 8 AM. Staff initialed as given from 11/01/19 to . There was no documentation showing that the resident did not take or refuse the medication neither that the facility informed the Primary Care Physician that the resident did not take the medication.	A 056			

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A 056	Continued From page 27 Class III	A 056			
A 057 SS=D	59A-36.008(8) FAC Medication - Over The Counter (OTC) Products (8) OVER THE COUNTER (OTC) PRODUCTS. For purposes of this subsection, the term over the counter includes, but is not limited to, over the counter medications, _____, nutritional supplements and nutraceuticals, hereafter referred to as OTC products, that can be sold without a prescription. (a) A facility may keep a stock supply of OTC products for multiple resident use. When providing any OTC product that is kept by the facility as a stock supply to a resident, the staff member providing the medication must record the name and amount of the OTC product provided in the resident's medication observation record. All OTC products kept as a stock supply must be stored in a locked container or secure room in a central location within the facility and must be labeled with the medication's name, the date of purchase, and with a notice that the medication is part of the facility's stock supply. (b) OTC products, including those prescribed by a health care provider but excluding those kept as a stock supply by the facility, must be labeled with the resident's name and the manufacturer's label with directions for use, or the health care provider's directions for use. No other labeling requirements are required. (c) Residents or their representatives may purchase OTC products from an establishment of their choice. (d) A health care provider's order is required when a nurse provides assistance with self-administration or administration of OTC products. When an order for an OTC product	A 057			

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A 057	Continued From page 28 exists, the order must meet the requirements of paragraphs (b) and (c) of this subsection. A health care provider's order for OTC products is not required when a resident self-administers his or her medications, or when unlicensed staff provides assistance with self-administration of medications. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to record the name and amount of Over the Counter medications provided in the resident's Medication Observation Records (MOR) for one out of eight sampled residents (#7). Findings included: On at 11:47 AM, there was a medication cart in the kitchen. The opened medication cart had a bottle of D3- 125 mcg (5000 IU) tablets and a bottle of 5 mg tablets. Those bottles were inside the bin labeled with Resident # 7. On at 7:01 AM, Staff G stated that Resident #7 took the D and the Her family brought the medications. Review of Resident #7's MORs showed D3- 125 mcg (5000 IU) and 5 mg were not part of his listed medications. Class III	A 057			
A 076 SS=D	59A-36.009 FAC (. . . .) (1) POLICIES AND PROCEDURES. (a) Each assisted living facility must have written	A 076			

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A 076	Continued From page 29 policies and procedures that explain its implementation of state laws and rules relative to _____ (____). An assisted living facility may not require execution of a _____ as a condition of admission or treatment. The assisted living facility must provide the following to each resident, or resident's representative, at the time of admission: 1. Form SCHS-_____, "Health Care Advance Directives - The Patient's Right to Decide," _____, or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in chapter 765, F.S. Form SCHS-_____ is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308 or the agency's website at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir_.pdf; and, 2. DH Form 1896, Florida _____ Form, _____, 2004, which is hereby incorporated by reference. This form may be obtained by calling the Department of Health's toll free number 1(800)226-1911, extension 2780 or online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04005. (b) There must be documentation in the resident's record indicating whether a DH Form 1896 has been executed. If a DH Form 1896 has been executed, a yellow copy of that document must be made a part of the resident's record. If the assisted living facility does not receive a copy of a resident's executed DH Form 1896, the assisted living facility must document in the resident's record that it has requested a copy. (c) The executed DH Form 1896 must be readily	A 076			

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A 076	Continued From page 30 available to medical staff in the event of an emergency. (2) LICENSE REVOCATION. An assisted living facility's license is subject to revocation pursuant to section 408.815, F.S., if, as a condition of treatment or admission, the facility requires an individual to execute or waive DH Form 1896. (3) PROCEDURES. Pursuant to section 429.255, F.S., an assisted living facility must honor a properly executed DH Form 1896 as follows: (a) In the event a resident experiences _____ or _____, staff trained in _____ () or a health care provider present in the facility, may withhold _____ () and _____). (b) In the event a resident is receiving hospice services and experiences _____ or _____, facility staff must immediately contact hospice staff. The hospice procedures take precedence over those of the assisted living facility. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have written policy and procedures explaining its implementation of state laws and rules relative to (). Findings included: A review of facility records showed no written policy and procedures explaining its implementation of state laws and rules relative to _____. On _____ at 3:08 PM, Staff F stated that the	A 076		

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A 076	Continued From page 31 facility did not have any other policy and procedures. Class III	A 076		
A 077 SS=D	429.176 FS; 429.52(), 59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A new facility administrator must complete the required training and education, including the competency test, within 90 days after date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is	A 077		

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A 077	Continued From page 32 responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least _____; 2. If employed on or after _____, have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to _____, are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the _____ of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core	A 077			

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A 077	Continued From page 33 competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No	A 077			

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A 077	Continued From page 34 =Ref-09393. This Statute or Rule is not met as evidenced by: Based on observations, record review, and interview, the facility failed to have an administrator capable of handling the operation and maintenance of the facility, including the management of all staff and the residents. Staff E was left alone in the facility with a census of five residents at the time of the survey. the facility also failed to ensure that the appointed manager had evidence of a minimum a high school diploma or G.E.D (General Equivalency Diploma). Finding included: The facility tour on _____ at 11:30 AM revealed the facility had a census of five residents who needed Assistance with their daily living tasks, and one staff. Record review revealed two of the five residents (Resident #7 and Resident #8) needed assistance with their activities of daily living (ADLs) while three of the five residents (Resident #2, Resident #5, and Resident #6) requires supervision with their ADL. Resident #7's health assessment documented a medical history of DMI (_____ Type II), _____, Vit. D Def. (_____ D Deficiency), _____, History of _____. The assessment also revealed Resident #7 needed Assistance with ADL's and Supervision, and universal precautions. Resident #8's health assessment documented a medical history of difficulty in walking, Hx of falling	A 077		

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A 077	Continued From page 35 (history of falling), major _____, Dx (_____), and (_____), and _____. The assessment also revealed Resident #8 was forgetful at times and was in _____/skin precautions. Resident #8 needed assistance with all ADL such as ambulation, bathing, _____, self-care (grooming), toileting, and transferring. On _____ at 11:30 AM, Staff E stated that staff G went to the bank to go make some transactions. At 01:05 PM, Staff G returned to the facility. On _____ at 11:38 AM, Staff E stated that the facility just changed administrators, and that the new administrator was Staff B. A review of the background screening database showed that Staff B administered four Assisted Living Facilities (ALF). On _____ at 12:17 PM, Staff C arrived, identifying herself as the assistant administrator since _____. A review of Staff C's personnel record showed that there was a job description for "Administrator Assistant" signed on _____, which indicated that she must have a high school diploma or G.E.D. There was no evidence of having high school diploma or G.E.D. On _____ at 2:26 PM, Staff C stated that the high school diploma was not at the facility. On _____ at 01:00 PM, Staff B stated she was working on correcting the deficiencies.	A 077			

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A 077	Continued From page 36		A 077		
A 081 SS=D	Class III 59A-36.011(. . .) FAC Training - Staff In-Service (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in _____ control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its _____ control policies and procedures when offering this training. Documentation of		A 081		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GARDEN VALLEY RETIREMENT HOME, LLC

**18140 NW 90 AVENUE
MIAMI, FL 33018**

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A 081	Continued From page 37 compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne requirement. may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty	A 081		

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A 081	Continued From page 38 (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that five out of nine sampled staff received in-service training regarding the resident elopement response policies and procedures within thirty (30) days of employment (A, E, F, G and H). The facility also failed to provide documentation of the 2 hour pre-service orientation for four out of nine sampled staff (D,E, H, and G). Findings included: 1. A review of facility records found no documentation of written policies and procedures that explained the response if a resident eloped. On at 3:08 PM, Staff F stated that the facility did not have any other policy and procedures. A review of the background screening database showed that the facility's employee roster included Staff A, E, F, G, and H as active employees. A review of personnel records showed Staff A's hire date was on, Staff E's hire date was on, Staff F's hire date was on, Staff G's hire date was on and Staff H's hire date was on 2. A review of background screening database	A 081		

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A 081	Continued From page 39 showed that the facility's employee roster included Staff D, E, G, and H as active employees. Staff E's hire date was on Staff D's hire date was on Staff G's hire date was on Staff H's hire date was on A review of Staff D, E, H, and G's personnel records showed that there was no documentation of at least 2 hours of pre-service orientation. Class III	A 081			
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfillment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be	A 084			

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A 084	Continued From page 40 experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for _____ control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, _____, dosage forms, and _____ and _____ dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with _____ syringes that are prefilled with the proper dosage by a pharmacist and _____ that are prefilled by the manufacturer by taking the medication, in its	A 084		

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A 084	Continued From page 41 previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with _____; j. Use a _____ to perform _____ testing; k. Assist residents with _____ and continuous positive airway pressure (CPAP) devices, excluding the titration of the _____ levels; l. Apply and remove _____ stockings and hosiery; m. Placement and removal of _____ bags, excluding the removal of the _____ or manipulation of the _____ site; and, n. Measurement of _____ rate, temperature, and _____ rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n.	A 084		

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A 084	Continued From page 42 429.52 (6) Staff involved with the management of medications and assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse, a licensed pharmacist, or agency staff. The agency shall establish by rule the minimum requirements of this additional training. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that four out of nine sampled staff received training regarding assistance with self-administration of medications by a Registered Nurse (RN) or licensed pharmacist for (E, F, G and H). Findings included: On at 12:02 PM, Staff E assisted Resident #5 with self-administration of medication. On further observation at 12:04 PM, Staff E assisted Resident #7 with self-administration of medication. Review of Staff E's personnel record showed that she received a six hours training for assisting with the self-administration of medications on The staff completed 4 hours training for assistance with self administration of medications and prevention of medical error on but the training certificate did not include the trainer's professional license. Review of Staff F and H's personnel record showed that they completed 6 hours training for assistance with self administration of medications and prevention of medical error on but	A 084			

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A 084	Continued From page 43 the training certificate did not include the trainer's professional license. Review of Staff G's personnel record showed that she received a six hours training for assisting with the self-administration of medications on The staff completed 6 hours training for assistance with self administration of medications and prevention of medical error on but the training certificate did not include the trainer's professional license. On at 7:07 AM, Staff G stated that she assisted residents with self-administration of medication the previous night. On at 1 PM, the Administrator stated that she did not have knowledge that the trainer who provided medication training to Staff E, F, G and H was a RN or licensed pharmacist. The administrator heard that the trainer was CORE trained but not that she was a nurse or pharmacist. Class III	A 084		
A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of	A 090		

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A 090	Continued From page 44 training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the facility's staff received at least one hour of training in the facility's policy and procedures regarding _____ () for five out of nine sampled staff (A, E, F, G and H). Findings included: The facility did not have written policy and procedures explaining its implementation of state laws and rules relative to _____. On _____ at 3:08 PM, Staff F stated that the facility did not have any other policy and procedures. Review of background screening database showed that the facility's employee roster included Staff A, E, F, G, and H as active employees. Staff A's hire date was on _____ Staff E's hire date was on _____ Staff F's hire date was on _____ Staff G's hire date was on _____ Staff H's hire date was on _____ Class III	A 090		
A 091 SS=D	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING.	A 091		

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A 091	Continued From page 45 (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that training received by staff members included the training provider's credentials and professional license number for three out of nine sampled staff (E, F and G). Findings included: Review of Staff E, F and G's personnel records showed that they completed training for Reporting Major Incident, Facility Emergency Procedures, Resident's rights in ALF, Recognizing & Reporting	A 091			

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A 091	Continued From page 46 Neglect and , and Resident Behavior & Needs & Providing Assistance with ADL on . The training certificates did not include the training provider and credentials. On at 1 PM, the Administrator stated that she heard that the trainer was CORE trained. Class III	A 091		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or	A 161		

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A 161	Continued From page 47 certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to keep on record the updated eligible level 2 background screening results for one out of nine sampled staff (A). Findings included: Review of Staff A's personnel record showed that had an eligible background screening result dated . Review of background screening database	A 161		

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A 161	Continued From page 48 showed that Staff A had an eligible level II background screening result on Class III	A 161		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. _____, 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance _____, 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, _____, or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A _____ record that is initiated on admission.	A 162		

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A 162	Continued From page 49 Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their _____ recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an _____ recipient, a copy of the Department of Children and Families form Alternate Care Certification for _____, _____ (_____), CF-ES 1006, _____, which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has	A 162			

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NAME OF PROVIDER OR SUPPLIER GARDEN VALLEY RETIREMENT HOME, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 18140 NW 90 AVENUE MIAMI, FL 33018		
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A 162	Continued From page 50 made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the _____ of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's _____, DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon	A 162			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/10/2020
NAME OF PROVIDER OR SUPPLIER GARDEN VALLEY RETIREMENT HOME, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 18140 NW 90 AVENUE MIAMI, FL 33018		
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A 162	Continued From page 51 departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide an accurate health assessment for one out of eight sampled residents (Resident # 4). Findings Included: A review of Resident #4's health assessment revealed the Medical History and Diagnoses, the Physical or Sensory Limitations, the Behavioral Status, the Nursing/Treatment/Service Requirements, and the Special Precautions in Section 1 of the health assessment were blank. The document also did not have a date of when the examination or health assessment was completed. On _____ at 01:00 pm, the Administrator acknowledged the deficiency. She stated was not aware of the incomplete health assessment, but she would work to correct it. Class III	A 162			
A 165 SS=D	429.23(&) FS; 59A-36.016 FAC Risk Mgmt & QA; Adverse Incident Report 429.23 Internal risk management and quality	A 165			

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A 165	Continued From page 52 assurance program; adverse incidents and reporting requirements. - (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, by electronic mail, facsimile, or United States mail, a preliminary report to the agency on all adverse incidents specified under this section.	A 165			

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A 165	Continued From page 53 The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, by electronic mail, facsimile, or United States mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary	A 165			

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A 165	Continued From page 54 adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. 59A-36.016 Adverse Incident Report. (1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by section 429.23(3), F.S., must be submitted within 1 business day after the incident pursuant to rule 59A-35.110, F.A.C., which requires online reporting. (2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported in subsection (1), above, the facility must submit a full report within 15 days of the incident. The full report must be submitted pursuant to rule 59A-35.110, F.A.C., which requires online reporting. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to file a one-day and a fifteen-day adverse incident report regarding one out of eight sampled Residents (Resident #1). Resident #1 was found and subsequently hospitalized on two occasions. Findings included: A review of the resident record revealed that Resident #1 was found twice within a 2 month period. a review of facility records showed no documentation that an adverse incident report was filed regarding either incident.	A 165			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GARDEN VALLEY RETIREMENT HOME, LLC

**18140 NW 90 AVENUE
MIAMI, FL 33018**

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A 165	Continued From page 55 On at 8:05 AM, Staff G stated she called emergency services to Resident #1 on more than one occasion, always after breakfast. Staff G stated the resident sat in the family room to watch TV when she finished her breakfast, and the staff kept making rounds and found the resident sitting, but she looked as if she was asleep. Staff G stated she gave Resident #1 touch stimuli but the resident did not respond. The staff checked the and and e called 911 who transferred the resident to the hospital. The staff informed the resident's family, Staff F and Staff A. Resident #1's observation log dated revealed the resident was found The facility called 911 and transferred the resident to a local hospital. Resident #1's observation log dated revealed that the resident was found The facility called 911 and transferred the resident to a local hospital. Review of Incident Reporting System showed that the facility submitted the last adverse incident report on On, the administrator acknowledged the deficiency during a telephone interview, stating that she usually made family members aware of everything that happened in the facility. She said she needed to check to find out if they filed any adverse incident report for Resident #1. Class III	A 165		