STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966104	07/11/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Gardens At Hidden Hammocks (the)	5182 Nw 58th Terrace Coral Springs, FL 33067	

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

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
An Assisted Living Facility biennial relicensure survey was conducted on . . . The Gardens At Hidden Hammocks, had licensure deficiencies found at the time of the visit.

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

Based on observation interview and record review, the facility failed to ensure that 1 out of 4 sampled residents lived in an environment free from physical . . (Resident #2).

The findings include:

1. On . a tour of the facility was conducted. At 9:12 AM, Resident #2 ' s bed was observed to have a full-bedrails attached to the left side of her bed. The opposite side of Resident #2 ' s bed was against the

2. On at 3:27 PM, Staff A was interviewed. Staff A confirmed that Resident #2 cannot get out of her bed when the full-bedrails are in place.

3. A review of Resident #2's record, revealed Resident #2 has a physician ' s order for full-bedrails dated on

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, interview and record review the facility failed to ensure one unlicensed staff member (Staff A) properly assisted 2 out of 3 sampled residents observed during the medication observations with the self-administration of medication (Resident #2 and #4).

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The findings include:

1. On at 12:13 PM, Staff A was observed preparing Resident #2 ' s liquid medication in the kitchen; after Staff A measured the dosage, she took the medication to Resident #2 and stated [Resident #2], Here is your medicine. " Staff A proceeded to put the cup of liquid medicine to Resident #2 ' s mouth then she poured the medication into Resident #2 ' s mouth. At 5:11 PM, Staff A was observed preparing Resident #2 ' s evening medication in the kitchen (not in the presence of the resident). Staff A crushed Resident #2 iron and C together and mixed the medications in apple sauce and took the medication to Resident #2 who was seated at a table. Staff A spoon feed the applesauce mixed with medications to Resident #2 at 5:30 PM. Staff A then proceeded to prepare Resident #4 ' s medication in kitchen. She placed two pills in separate cups for Resident #4. Staff A took one pre-dispensed pill to Resident #4 while she was watching TV and left the additional pill sitting in a cup on the kitchen counter. At approximately 5:50 PM, Staff A brought the second pill (which had been sitting on the counter) to Resident #2. Staff A did not assist Residents #2 and #4 with the self-administration of medication, Staff A administered the medication to Resident #2 and #4.

2. A review of Staff A ' s employee record confirmed Staff A is not a licensed nurse.

3. During an interview with Staff A on at approximately 6:00 PM, she confirmed aforementioned. She also revealed that she did not follow the steps to properly assist Residents #2 and #4 with the self-administration of medication and that she had actually administered the medications to both residents.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation, menu review and interview, the facility failed to provide 3 out of 4 sampled residents observed during the lunch meal with according to the planned menu (Resident #1, #2, #3). The facility also failed to document a menu item substitution prior to serving the substituted item to residents.

The findings include:

1. On at 12:24 PM, Residents #1, #2, and #3 were observed eating their lunch meal. The residents (Resident #1, #2 and #3) were observed to not have a slice of bread with their meal. At 1:09 PM, Residents #1,

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#2, and #3 were observed having mixed fruit with their lunch meal.

2. A review of the menu for the facility documented that 1 slice of bread was to be provided along with other menu items for lunch on . Further review revealed residents were to receive Mandarin oranges as part of their lunch meal. There was no documentation for the substitution of mixed fruit for Mandarin oranges noted prior to the mixed fruit being served.

3. During an interview with Staff A on at 1:59 PM, she confirmed she forgot to serve the slice of bread during the lunch meal. Staff A also confirmed she did not note the substitution of mixed fruits for Mandarin oranges prior to serving the mixed fruit to the residents.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Gardens At Hidden Hammocks (The)
5182 NW 58th Terrace
Coral Springs, FL 33067

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative from this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , **2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

/s/ Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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