STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910644	07/23/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Apollo Gardens Retirement Residence Care, Inc	2718 Johnson Street Hollywood, FL 33020

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

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

An Assisted Living Facility biennial standard licensure survey was conducted on . Apollo Gardens Retirement Residence, had licensure deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on observation, interview and record review, the facility failed to maintain accurate documentation to reflect current resident health condition. As evidenced by the health assessment form and progress notes failed to reflect the residents' current status , for 3 out of 3 sampled residents for record reviews (Resident#4, #5 and #7).

The findings include:

1. On , at approximately 9:30 AM during entrance conference with the Administrator, she stated that no residents were receiving care treatments.

On , at approximately 11:00 AM, Resident #7 was observed ambulating with a walker. The resident's right ankle was bandaged. During an interview with the resident, she stated that she has a on her ankle and the nurse comes daily to change the dressing.

Record review of the Health Assessment (AHCA Form1823) dated , revealed the resident's medical history to include and . The resident is noted to be independent requiring no supervision with ADL care or assistance for ambulation.

Record review of the Home Health Note dated , revealed the resident receives physical services 2 times during the week, for difficulty walking with balance and lower extremity .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910644	07/23/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Apollo Gardens Retirement Residence Care, Inc	2718 Johnson Street Hollywood, FL 33020

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

Review of Physician Orders revealed an order dated for right foot care. Review of the Progress Notes revealed no documentation of development on the residents foot.

Further review of Home Health Nurses Notes dated , revealed care to right lateral foot, to cleanse with NS, apply ointment and cover with dry dressing, then wrap right leg with unoboot, change daily. The is measured 2 x 2 x 0.1 cm, scant amount drainage, right lateral foot with no pain noted. Review of the notes dated , document no changes in the appearance of the and the resident was having no pain associated with the

On at approximately 3:00 PM during an interview with the Administrator, she confirmed the resident had a that was being treated daily by the Home Health Nurse. The Administrator reviewed the resident 's record and could not provide any documentation of the history by the facility staff. She stated she had forgotten that the resident had developed a The Administrator stated the physician had seen the resident on and had written the care orders. The Administrator did not have any physician notes for the visit or an updated health assessment form reflecting the change in resident health condition.

2. On at approximately 9:10 AM, Resident #4 was observed in a wheelchair with a dressing to the upper extremity; the resident was The resident's record was reviewed and documented that the resident's current health assessment form was dated and documented that the resident was independent with his activities of daily living. The resident's weights were reviewed and documented that he weighed 164 pounds on , and weighed 149 pounds on

The facility observation notes were reviewed and there was no documentation regarding the reason for the bandage on his arm and no documentation regarding the weight loss. There was also discharge papers from the hospital dated but no notes updating his condition upon return from the

hospital.

The Administrator was interviewed on at 4:00 PM and said the resident was currently receiving home health services for treatment of a on the arm and provided notes from the home health agency. However, the facility was unable to provide any facility observation notes. She also confirmed that the health assessment form had not been updated to reflect his current status.

3. Resident #5 was observed in a wheelchair on the day of the survey and was observed to be on a pureed diet. The resident was identified as a hospice resident. The resident's record was reviewed; the current health assessment documented that the resident was independent with activities of daily living and did not include a change in the diet. The Administrator was interviewed on at 3:45 PM and said the resident had declined and confirmed that the record did not reflect the change in the resident's condition.

Class III

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 a resident was treated in a manner that enhances her self esteem and self worth. As evidenced by not responding to a resident's positioning needs in the dining force feeding a resident that is capable to feeding herself (Resident #14).

The findings include:

1. On at approximately 12:30 PM, Resident #14 was observed in the dining sitting in her wheelchair at a table. The resident's wheelchair was positioned with a 2 foot space between the resident lap and the edge of the dining table. The resident was observed reaching forward,in an attempt to pick up a glass of water. She was unable to reach the glass

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910644	07/23/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Apollo Gardens Retirement Residence Care, Inc	2718 Johnson Street Hollywood, FL 33020	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

and a staff member was observed, holding the glass to the residents lips. The resident was served her lunch meal consisting of vegetable soup, green salad,tuna sandwich and peaches, which all were pureed. The resident attempted to pick up her spoon but a staff member took the spoon away from the resident and proceeded to feed the resident her lunch. The resident was resistive and stated in Spanish, she did not want any more food, but the staff member continued to place food into the resident mouth. The staff member was observed blowing on the residents hot food before placing the spoon with food, into the residents mouth. The entire time the staff member was feeding the resident she was standing directly over the resident talking down to the resident.

On at approximately 12:50 PM the Administrator observed the staff member feeding the resident and rushed to the table, she instructed the staff to allow the resident to feed herself. The Administrator repositioned the resident closer to the table after surveyor intervention. At 12:55 PM, the resident was observed feeding herself and drinking her water with no assistance.

Review of Resident #14's health assessment (AHCA Form 1823) dated revealed the resident has a medical history of and She requires assistance with ADL care but minimal supervision with eating. She is prescribed a pureed diet for per physician orders.

On at approximately 1:30 PM during an interview with the Administrator, she stated that the resident is capable of feeding herself and the staff member did not know the residents abilities. She stated the staff should sit next to the resident if they need assistance with meals.

Class III

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

Based on interviews and record reviews, the facility failed to ensure that residents were encouraged to participate in menu planning.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910644	07/23/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Apollo Gardens Retirement Residence Care, Inc	**2718 Johnson Street Hollywood, FL 33020**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The findings are:

During confidential interviews on , 5 residents complained that there was not enough variety in the lunch meals. They complained that they were always served hot dogs once a week, hamburgers once a week, and grilled cheese once a week. The facility's four cycle menu was reviewed and documented that hot dogs and hamburgers were on the menu weekly and grilled cheese was on the menu three out of four weeks. The Administrator was interviewed on , at 11:45 AM and again at 4:00 PM and said she was not aware of the residents' concerns. She was unable to provide any documentation that the residents had input into menu planning.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Apollo Gardens Retirement Residence Care, Inc
2718 Johnson Street
Hollywood, FL 33020

Dear Administrator:

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

Arlene Mayo-Davis
Field Office Manager
Division of Health Quality Assurance

AMD/jw
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924