STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953640	10/09/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hope Garden Assisted Living & Ecc, Inc	2011 Nw 59th Way Lauderhill, FL 33319	
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 - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility biennial licensure with ECC (Extended Congregate Care) survey was conducted on Hope Garden Assisted Living & ECC INC, 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 and interview the facility failed to ensure 1 out of 5 sampled residents (Resident #3) was not physically restrained while in bed, as evidenced by having a full side rail on the bed and pushed against the wall and the resident's inability to get out of the bed with the in place, without assistance from staff.

The findings include:

Observation at 9:45 AM on with Employee #2 in Resident #3's the bed was pushed against the wall and a full side rail was observed on the opposite side of the bed. During an interview at that time, the employee stated the following, "The resident is sometimes and tries to get out of bed at night". During an interview on with Resident #3 he stated they use the full rail on the bed and sometimes they forget (the staff) to take him out so he has to call them for help.

Class III

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0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on observation and interview, the facility failed to ensure documentation of a work schedule reflecting 24 hour weekly staff coverage meets the assisted living facility minimum staffing ratios for a census of 8.

The findings include:

A request was made on . . . . at 9:30 AM to Employee #2 for the facility's staffing schedule. A review of the schedule revealed 2 employees listed for the day . were not present, one of which is the Administrator who is scheduled to work 6 AM-1 PM and Employee #3 is scheduled from 9 AM-12 PM. Employee #2 contacted the Administrator by phone who later arrived at the facility at approximately 10:15 AM.

An interview on . . . . . at 1:30 PM with the Administrator/Owner, revealed in addition to the facility, he works as the Risk Manager at a Skilled Nursing Facility (SNF). The Administrator would not confirm the hours he is scheduled at the SNF.

Subsequently, the facility was contacted on . at 9:20 AM to request additional information regarding the facility ' s staffing schedule. Employee #2 stated " The Administrator came in at 6:30 AM to do a resident ' s eye drops and went to work. He does that everyday. He is supposed to be back by 6 PM".

A telephone interview on . . at 11:48 AM with the Administrator/Owner to verify his hours of employment at the SNF was requested. In addition to the time sheets for the employees working at the ALF from . . . . The Administrator stated he was currently working at the SNF and is not able to get the information together at this time. He also stated the employees working at the ALF do not have time sheets. He just knows how many hours they work. He will fax something over showing their hours. During the time of this interview, the staffing schedule identifies the Administrator is scheduled to be on duty at the ALF.

On . . . . at 4:00 PM, the Administrator faxed a letter from the SNF signed by the Director of Nursing documenting he is scheduled to work at the SNF Mon-Fri 9:00 AM-5:30 PM.

Further review of the ALF staffing schedule dated from . . . . . revealed the following: The Administrator includes himself on the schedule Mon-Fri from 6 AM-1 PM which reflects some of the same hours he is scheduled to work his job at the SNF. In addition from 10/1/13- , the

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schedule documents Employee #2 is scheduled for 84 hrs, Employee #3 is scheduled for 80 hrs, and Employee #4, the Administrator is scheduled for 74 hours.

As of at 5:00 PM, the Administrator/Owner failed to provide any additional information regarding accurate staffing hours.

The facility failed to have the required documentation of a work schedule reflecting the facility's correct 24 hour staffing coverage that meets the assisted living facility minimum staffing pattern requirements.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, the facility failed to provide documentation of completion of the required in-service training for 3 of 4 sampled employees (Employee #1, #2 and #3).

The findings include:

A review of Employee #1 #2 and #3 ' s personnel records who all provide direct care to residents, lacked documentation verifying the employees received the required in-service training within 30 days of employment in the following areas: reporting major incidents and reporting adverse incidents.

Further review of the personnel records revealed: Employee #1 was hired on Employee #2 was hired on and Employee #3 was hired on

During an interview on at 1:10 PM, the Administrator acknowledged the findings.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review an interview, the facility failed to provide documentation of completion of the required one hour of training in the facility's policy and procedures regarding in-service training for 3 of 4 sampled employees. (Employee #1, #2 and #3)

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The findings include:

A review of the personnel files for Employee #1, #2 and #3 on at 10:45 AM revealed the records lacked the required documentation verifying the employees received training in the facility's policy and procedures regarding RO's) within the required time frame.

Further review of the personnel records revealed Employee #1 was hired on , Employee #2 was hired on and Employee #3 was hired on

During an interview on at 1:10 PM, the Administrator acknowledged the findings.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on record review and interview, it was determined the facility failed to ensure that all direct care staff members are in compliance with the Level 2 background screening requirements, for 3 of 4 sampled employees (Employee #1, #2 & #3).

The findings include:

During an interview on at 12:00 PM with the Administrator/Owner regarding background screenings for Employee #1 hired Employee #2 hired and Employee #3 hired who currently provide direct care, he acknowledged he did not have the required results. Employee #1 and #2 were working during the survey and Employee #3 is currently on the schedule to work the evening shift.

At 12:15 PM the Background Unit was contacted and it was stated the agency does not have any information on the facility's 3 employees. The Administrator acknowledged the findings.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Hope Garden Assisted Living & ECC, Inc
2011 NW 59th Way
Lauderhill, FL 33319

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 (30) 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/dso
Enclosure: State form 5000-3547
XG90

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