STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965781	11/18/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Azalea Gardens	1701 Mayo 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 - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Assisted Living Facility standard biennial re-licensure survey was conducted on . . . Azalea Gardens had licensure deficiencies found at the time of the visit.

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

Based on observations, record reviews and interviews, the facility failed to provide the appropriate supervision for 1 of 12 sampled residents (Resident #10).

The findings include:

On . . . . . at approximately 10:55 AM, Resident #10 was observed wandering in the facility courtyard area. The resident was observed approaching another resident who was seated in a wheelchair and tried to touch the other resident, who yelled "get away from me". Resident #10 was then observed walking away from the resident and the resident's nose was observed to be running. There were staff members in the vicinity but none attempted to re-direct the resident or assist the resident until the surveyor requested staff assist the resident. The administrator was interviewed on . . . . . at 4:20 p.m. and no additional information was provided.

Class III

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0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, record review and interview, it was determined that the facility failed to provide proper assistance for 5 (Resident's #1, #2, #3, #4, and #11) of 12 sampled residents with assistance with self-administration of medication.

The findings include:

During the observation of assistance with self-administration of medications on [redacted] at 9:30 AM by the facility's medication technician it was noted that Resident's #1, #2, #3, #4, and #11 were not properly verbally prompted prior to taking their medications. Specifically the medication technician failed to take the resident's individual Medication Observation Record along with the medications and discuss the medication with the resident prior to the self administration. Following the observation, an interview was conducted with the Medication Technician and Administrator, who confirmed that the residents were not properly informed of their medications prior to the assistance with self-administration of medications.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record reviews and interviews, the facility failed to ensure that 1 of 3 staff members (Staff B) had documentation of annual freedom from communicable [redacted]

The findings are:

During a review of the personnel files, it was noted that Staff Member B had a hire date of [redacted] The only statement from the health care provider in the file was reviewed and was dated [redacted] There was no documentation of freedom from communicable [redacted] since then, more than three years ago.

The Administrator was interviewed on [redacted] at 4:20 PM and no additional information was provided.

Class III

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0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on record review, observation, and interview, it was determined that the administrator failed to meet the nutritional needs of 2 (Resident's #2 and #8) of 2 sampled residents with physician ordered pureed diets.

The findings include:

During the observation of the lunch meal in the main kitchen on _____ at 12 PM, it was revealed that the cook stated there were 2 residents receiving pureed diets. Further investigation revealed that the approved cycle menu did not document any directions of food to include or restrict for pureed diets. Interview conducted with the Cook at the time of the observation revealed that the consultant Dietitian did not provide training concerning the following and preparation of pureed diets. During the meal service it was noted that meat loaf, sweet potato, and carrots were all pureed into one mixture and served to Resident's #2 and #8. It was also noted that pureed bread was not pureed nor served to Resident's #2 and #8 to ensure that their nutritional needs were being met. The Cook stated that pureed bread is never served to the residents when included on the regular menu. Following the observation an interview with the Administrator confirmed that the consultant Dietitian was not contacted to develop a pureed menu and instructions for the preparation of pureed meals. Review of the records for Residents #2 and #8 on _____ confirmed a current physician order for pureed diets.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observations and interviews, the facility failed to maintain a safe living environment free from hazards for all residents and staff.

The findings are:

1. On _____ at 11:00 AM, a door to the outside of the facility was observed to be unlocked. The door is located in the residents' main dining , directly adjacent to resident dining tables. The surveyors opened the door and observed directly outside the door a step down onto a sidewalk running along a narrow alleyway. On either side of the sidewalk there were piles of debris, and several resident equipment items including wheelchairs and bedframes leaning against the fence. There were wooden pallets haphazardly stacked, gardening supplies, paint cans and other debris exposed to the elements as there was no covering. There was a large water filled hole in the ground beside the sidwalk. There was

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also a tool cart that was in disrepair, containing tools and rusted paint cans, located right underneath the open window to the laundry . Poking out from the window was a bespread that was inside the laundry , but part of it was hanging out of the window, touching the dirty windowsill.

The laundry/housekeeping aide was in the was interviewed at the time of the observation, acknowledging that the bedspread had already been washed. She stated she would rewash the bedspread. The Administrator was interviewed on at 11:15 AM and observed the condition of the alleyway. She stated the area would be cleaned up.

A referral was made to the local health department on

2. On at 12:50 PM in the main dining , a staff member was observed trying to maneuver a resident in a wheelchair into the dining . There was only one narrow path available as the path was blocked by other residents already seated at their tables. The staff member had to move several residents in order to bring additional wheelchair bound residents into the dining and was observed bumping the resident's chair while doing so. On at 12:55 PM the Administrator was interviewed and acknowledged the findings.

3.) During the observation of the facility's assistance with self-administration of medications conducted on at 9:30 AM, it was noted that the medication to the main dining left unlocked without staff present on numerous occasions. An observation of the that there were 6 boxes of syringes (250 individual syringes) left in view upon the top of a file cabinet. It was further noted that the facility houses numerous wandering and residents who were observed in and out of the medication the survey. Following the observation the Administrator was informed of the safety issues concerning the syringes and was requested to properly secure the syringes from the residents.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Azalea Gardens
1701 Mayo Street
Hollywood, FL 33020

Re: Biennial Survey

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 **2014** 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

AMD/jw
Enclosure
XG90

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