STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910568	**04/01/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Garden View Alf	**526 N. Mary ..... Ave. Panama City, FL 32404**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
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 - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

0000-Initial Comments

On ..... thru ..... an unannounced biennial survey including limited mental health was conducted at Garden View Assisted Living Facility. At the time of survey there were deficiencies identified.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on resident interview, staff interview, and observation of activities calendar the facility failed to provide 12 hours of scheduled activities per week for residents in the facility.

The findings are:

Interviews were conducted with residents. Resident #3 revealed " there is not a lot to do here to keep you occupied " , and Resident #4 stated " there are not any activities just watching television " .

Observations were made throughout the day on Monday there were no observed activities. The calendar hanging in the hallway indicated Current Events would be done; however there was no time listed.

An interview was conducted with the Administrator on ..... about 2:10 pm. She was asked who did activities she stated, " Whoever has time does the activities, staff or me. Life Management comes in four times per week. "

On ..... about 11:09 am a follow-up interview was conducted with the Administrator. She was asked how many hours of activities were required. She stated, " Six hours " . The activity calendar was viewed. She was asked why nothing had any times. No answer was given. She confirmed the calendar has no scheduled activities and there was not twelve hours per regulation.

Class III

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

Based on observations of facility and resident resident and staff interview the facility failed to provide a decent living environment due to broken furniture in resident common area and 1 of 3 resident

The findings are:

During a tour of the facility on about 9:35 am the second common area in the back of the facility was observed to have a green sofa that had a broken leg rest sticking out; a small love seat with holes in the cushion cover showing, and a gray chair that had a torn armrest and side.

An interview was conducted in around 10:40 am on with Resident #4. Her was observed to have a broken movable hanging clothes closet with bottom drawer. The door is barely hanging onto the frame.

A tour was conducted with the Administrator on about 11:10 am. We viewed the broken sofa, love seat, and gray chair. She confirmed the items were in disrepair. We then moved to where Resident #13 was lying in her bed. The movable hanging clothes closet was viewed with the door hanging half off. Resident #13 stated " I broke it and it has been that way for a while " . The Administrator confirmed it was broken and said it would be replaced.

Class III

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

Based on observation of medication pass, and staff interview the facility failed to provide proper assistance with medication by not reading the label for the medication for 5 of 5 residents (#1, #10, #11, #12, and #13).

The findings are:

A medication observation was made with the Administrator on about 11:20 am. The Administrator was observed to pop the pill into the hand of 4 residents from the package (#1, 10, 12, and 13). She handed an inhaler to Resident #11 and said take two puffs. She did not read the directions on the label for any resident.

An interview was conducted with the administrator on about 11:47. She was asked if this was the way she assisted with medications each time. She stated, " Yes, this is the way I give med's each time. I remember all their med's so I do not read the label. They know what they are taking because they have taken medications forever. "

Class III

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

0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on Observation and Staff Interview the Head Cook failed to perform his duties in a safe and sanitary manner during the lunch meal.

The Findings:

On [illegible] an observation was conducted of the lunch meal. During this observation the Head cook, employee #F was observed with plastic gloves on both hands, after preparing all of the resident's plates and passing the plates to residents that were in the dining [illegible] employee #F informed employee #A that he was going to knock on the remaining of the resident's door to inform them that lunch was ready. Employee #F was observed to leave the dining [illegible] with the gloves on his hand to the outer area of the facility. Employee #F returned in approximately three to four minutes with the plastic gloves on his hand. Employee #F was observed in the dining [illegible] handing plates to residents with the same plastic gloves on his hands. Two residents came to the door of the kitchen and asked for a slice of cake. Employee #F walked to the refrigerator,took the container with the cake in it, with the same gloves on his hand removed a slice of cake from the container and put it on one of the resident's plate. Employee #F then returned the cake container on the table in the kitchen. Employee #F then went to the sink removed his gloves throwing them in the garbage and ran water in the two compartment sink.

On [illegible] at approximately 10:39 AM an interview was conducted with Employee #F concerning his training for preparing food in a sanitary manner. Employee #F reported that he was trained to change the gloves when leaving the kitchen area. Employee #F reported that when he walked out of the kitchen to go knock on resident's doors and returned to the kitchen, he should have changed gloves before handling the resident's food.

On [illegible] at approximately 11:30AM an interview was conducted with the Administrator who reported that employee #F has been working at the facility for approximately 40 years.

Class III

L243-LMH - Training 58A-5.0191(8) FAC
Based on staff interview and record review the facility failed to ensure that 4 of 7 direct care staff received a minimum of 3 hours of continuing education biennially related to limited mental health diagnosis, treatment, health needs, services and appropriate interventions. (Employees #B, #D, #E and #F)

The Findings:

On [illegible] a record review was conducted of seven employees limited mental health training. Four of the employee's record did not have a minimum of 3 hours of continuing education biennially. The following employees included:

Employee #B - Resident Assistant - Hire Date: [illegible] - Limited Mental Health License Continuing

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SUMMARY STATEMENT OF DEFICIENCIES
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Education Last update dated [illegible]

Employee #D - Resident Assistant - Hire Date: [illegible] - Limited Mental Health License Continuing Education last update dated [illegible]

Employee #E - Resident Assistant - Hire Date: [illegible] - Limited Mental Health License Continuing Education last update dated [illegible]

Employee #F - Resident Assistant - Hire Date: [illegible] - Limited Mental Health License Continuing Education last update dated [illegible]

On [illegible] an interview was conducted with the Administrator. During this interview the Administrator confirmed that Employees #B, #D, #E and #F limited mental health training have not been updated since the above dates. The Administrator reported that Employee #D was hired after a week of leaving another assisted living Facility. The Administrator stated that she was waiting on Life Management Center to provide training for the limited mental health training.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Garden View Alf
526 N. Mary ____ Ave.
Panama City, FL 32404

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2014 by representatives 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 . 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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