STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910317	05/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Guardian Home Ii Alf Llc	902 West Canal Street New Smyrna Beach, FL 32168	
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 - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders 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 unannounced licensure complaint survey, CCR # 2014002035 was conducted on , 2014. Guardian Home II had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and staff interview, the facility failed to have a written record and notify the physician for a significant change for 1 of 4 sampled residents, Resident #4.

The findings include:

On at 11:15 a.m, Resident #4 was observed eating a pureed meal.
The Administrator Designee (AD) on at 11:17 a.m. stated that his food was pureed because he went several days without eating and he was sent out to the Hospital under a Baker-Act. She stateed the police were called and they transferred him to the hospital. He was hospitalized from until .

Review of the Resident #4's clinical record did not reveal documentation of this Baker-Act or notification of this event to the resident's physician.

The AD on at 1: 20 p.m. confirmed that he did not notify the physician of the resident's Baker-Act and he did not have the police report of the incident, or progress notes of the event. He only had documentation of the discharge summary from the hospital after he returned.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on record review and staff interview, the facility failed to fill a prescription for 1 of 4 sampled residents, Resident #3.

The findings include:

Resident #3 had physician orders on , 2014 for two treatments, & twice a day via a machine. The Resident's Health Assessment revealed a diagnosis of with left sided and

Review of the Resident's 2014 Medication Observation Record (MOR) revealed this medication was not given.

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SUMMARY STATEMENT OF DEFICIENCIES
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The facility Administrator Designee on at 11 a.m. stated that the resident had a history of a and the doctor came in on , 2014 and wanted to continue treatment so he ordered and treatments. He stated that he did not get the machine delivered from the equipment company and therefore could not give him the and Ipratopium.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, record review, and staff and resident interview, the facility failed to post the weekly menu, failed to serve an attractive meal for Resident #4 (1 of 8 residents), and failed to record a substitution in a timely manner.

The findings include:

On at 10:30 a.m, the Administrator Designee was asked where the facility weekly menu was posted or available to residents. He pointed to the corner of the dining a cork board. It was located behind a water cooler. The Menu posted was labeled Week 3. The Administrator Designee of at 10: 31 a.m. confirmed the wrong week was posted. It was Week 1 and he did not update the dry erase board where he daily wrote the menu down.

On at 10:32 a.m., Resident #2 stated he did not know where the menu was posted. He did not know what they were serving . He would ask staff and they would tell him.

On at 10:33 a.m. , Resident #6 walked over the menu and stated she did not know the menu was over there either. She leaned over the water cooler to read it.

On at 10:45 a.m. Resident #5 stated he did not know where the menu was either.

On at 11:14, The Administrator Designee began to serve residents lunch. He put the chicken, mashed potatoes & gravy, slice of bread and mixed vegetables on a plate and carried them into the dining . He then placed the same food items in a blender all at the same time and mixed it. He then poured the blended mix into a bowl and served it Resident #4. The blended mix was a light yellow/ brown and slightly liquid and did not retain any of the regular consistency of each of the food items. Review of the Resident #4's Health Assessment dated revealed a diagnoses of and with agitation. It also revealed a regular diet and no indication for puree diet.

Review of the current lunch menu revealed that for braised beef was to be served. The Administrator Designee on at 1:15 p.m. stated he did not record this substitution item yet.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Guardian Home II ALF, LLC
902 West Canal Street
New Smyrna Beach, FL 32168

Re: CCR #2014002035

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on . 2014 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 **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 surveyor. Should you have any questions please call this office at

Sincerely,

Jana Meyering

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/JM/sm
Enclosure

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