STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965021	05/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Gardens At Maplewood (the)	1342 Nw 104th Drive Coral Springs, FL 33071	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service 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 Abbreviated Relicensure survey was conducted on [redacted] at The Gardens at Maplewood. The facility had deficiencies found at the time of the visit.

0079-Staffing Standards - Levels 58A-5.019(3) FAC
Based on record review,observation and interview, the facility failed to maintain an accurate written work schedule to reflect its 24-hour staffing pattern for a given time period.

The findings Include:

Record review of the most current facility schedule, provided by the Administartor for the weeks of [redacted] and [redacted] (Saturday- Friday) revealed that the Administrator was not on the schedule for either week, further review revealed that staff hours on the schedule for both weeks totaled 196 hours for each week. The facility currently has 6 residents and the census for last week was 6 residents, the total required amount of staffing hours for 6 residents is 212 hours per week.

In an observation conducted on [redacted] through the day from approximately 10:30 AM- 4:00 PM, the Administrator was observed actively involved in the day to day operation of the facility.

In an interview conducted with the Administrator on [redacted] at 3:25 PM, she confirmed that she works at the facility and that the schedule does not accurately refect the daily staffing pattern of the facility. She stated with her hours worked the facility is meeting the required staff hours per week for a census of 6 residents. However, the Administrator was unable to provide a staffing schedule reflecting her working hours for the facility.

Class III

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0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, the facility failed to ensure that 1 out of 5 (Staff B) current staff members have the required in-service training within 30 days of employment.

The findings Include:

A review of staff B's personnel record, whose date of hire was , revealed that Staff B did not have any documentation of having the following in-services training:

1 hour in-service training within 30 days of employment that covers the following subjects:

a) Reporting Major Incidents
b) Reporting Adverse Incidents
c) Facility emergency procedures including chain of command and staff roles relating to emergency evacuation.
d) The facility's resident elopement response policies and procedures

In an interview conducted with the Administrator on at approximately 3:25 PM, she confirmed Staff B works the 7 :00 AM - 6:00 PM, shift as an aide, she provides the residents with assistance and oversight of their activities of daily living. She reviewed the file of Staff B and confirmed that there was no evidence of aforementioned trainings. However, she stated that she was under the impression that she was able to utilize the training's that the staff member brought with her from another provider for the current facility for: The Facility's resident elopement response policies and procedures and the Facility's emergency procedures including chain of command and staff roles relating to emergency evacuation training.

In an interview with Staff B on at approximately 3:30 PM, she confirmed that she did not have the required training at the facility.

On throughout the day from 9:00 AM until approximately 4:00 PM Staff B was observed assisting residents in their activities of daily living, such as assistance in feeding ,transferring, ambulation and personal care.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on record review, observation, and interview, it was determined that the facility failed to substitute items of comparable nutritional value to the items on the approved cycle menu and also failed to document the substitutions before or when the meal was served for regular and therapeutic diets for 6 of 6 residents.

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The findings include:

A review of the dietician approved cycle menu for the lunch meal of revealed the following: 3 oz. turkey hot dog on a , 1/2 c baked beans, 1 sl bread, 1/2 cup fresh fruit, 8 oz beverage of choice.

An observation of the lunch meal on at 12:00 PM revealed the following : cut up chicken with gravy, mashed potato, vegetables(broccoli, cauliflower and carrots) ,vanilla ice cream, and beverage of choice.

In an interview conducted on at 3:45 PM with Staff A, the cook, she confirmed that she did not follow the approved cycle menu or substitute items of comparable nutritional value and also failed to document the substitutions on the menu before or during the meal.

In an interview conducted on at 3:55 PM with the Administrator she confirmed the findings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
The Gardens At Maplewood
1342 NW 104th Drive
Coral Springs, FL 33071

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state relicensure 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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