STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968125	06/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Garden Of Roses	3629 Se 2nd St Boynton Beach, FL 33435	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Monitoring survey was conducted on . . . . at the Garden of Roses Assisted Living Facility. The facility had deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on interview and record review, the facility failed to correctly interpret prescription labels and prompt residents to take medications as prescribed.

The findings include:

a) During a record review of the Medication Observation Records (MORs) for Resident #3 on at 10:15 AM, revealed the following order. .5 mg, once per day as needed (PRN). Review of the MOR for the month of . . . . 2014 revealed the medication was provided daily to the resident without any accompanying documentation in Progress Notes documenting the Resident's behavior and justifying administration of the medication more often than PRN. Further record review revealed the prescribing physician was not consulted regarding this administration.

During an interview with the Administrator on at 10:25 AM, she stated that Resident #3 behaved in an agitated manner every day and so the medication was administered every day. She agreed that she should have consulted with the prescribing physician and received further guidance.

b) During observations between 8:40 AM and 12 PM on it was noted that the morning meds (prescribed for 8 AM) were provided to Resident #3 and #4 at 10:00 AM. A record review of the MOR for the month of . . . . 2014 for Resident #3 and Resident #4 disclosed that the medications being

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administered at 10:00 AM were scheduled to be administered at 8:00 AM. The Doctor's prescriptions were not being followed as order, this was also confirmed by the Administrator.
(Copies of MORs were obtained)

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on interview and record review, the facility failed to maintain accurate Medication Observation Records, for 4 of 4 residents who received assistance with self-administration of medications.

The findings include:

a) Record review of the MOR for the month of . . . 2014 for Resident #1 on . . . at 9:30 AM, revealed the following. The physician order medication administered to the Resident on . . and . . . at 8 PM was not documented as provided. However, during interview with the Administrator she confirmed the resident had received the medication as required and that staff forgot to sign the MOR.

b) Record review of the MOR for the month of . . . . 2014 for Resident #2 on . . . . . at 9:40 AM, revealed the following. The physician order medication 81 mg, administered to the Resident on . . . . . and . . . . at 8:00 AM was not documented as provided. However, during interview with the Administrator she confirmed the resident had received the medication as required and that staff forgot to sign the MOR.

c) Record review of the MOR for the month of . . . 2014 for Resident #3 on . . . . at 9:40 AM, revealed the following. There was no record of administration of the medication 125 mg at 8:00 AM as required for the month of . . . . 2014. Further review of the MOR revealed the Resident was scheduled to be administered 25 mg, at 8:00 AM and 8:00 PM but there was no documentation of this administration on . . . . and .

d) In a record review of the MOR for Resident #4 it was revealed that an administration of eye drops scheduled daily at 8:00 AM was not documented for . . . . and . . . . This same resident was scheduled for administration of . . . . . 5 mg daily at 8:00 AM but the administration was not documented on . . and . . . Resident #4 was also scheduled to receive . . . . . 3X/day at

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8:00 AM, 2:00 PM and 8:00 PM, there was no documentation on the MOR indicating this medication was provided to the resident at 8:00 AM on . . . and . . . and at 8:00 PM on . . . . and . . . . This same Resident was scheduled to receive the medication . . . . .5% daily at 8:00 AM but there is no documentation on the MOR that this medication was given on . . and . . The Resident was scheduled for administration of . . 10 mg.daily at 8:00 AM; there was no indication on her MOR that this medication was received on . . . Resident #4 was supposed to be administered . . . . .005% in each eye at 8:00 PM but there was no indication that she received this on . . . . 50 mg was scheduled for administration daily at 8:00 PM but there was no indication that this medication was administered on . . and . . The Resident was scheduled to receive . 15 mg, daily at 8:00 PM but there was no documentation on the MOR indicating that it was administered at this time on . . and . . The Resident was also scheduled to receive . 81 mg, daily at 8:00 AM; there was no documentation on the MOR indicating that this medication was administered on . . . . and . . . .

In an interview with Administrator on . . . at 10:15 AM, she acknowledged that the aforementioned medications for Resident #1, #2, #3 and #4 were provided. She also stated that staff failed to document that the medications were provided on the MOR, she did not have an explanation as to why this could have happened.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on observation, interview and record review, it was determined that the facility failed to maintain an accurate staffing schedule reflecting a 24 hour staffing pattern for a census of 4 residents.

The findings include:

During a survey conducted on . . . at 9:00 AM, a record review of the Staffing Schedule for the month of . . . 2014 revealed that both Staff A and Staff C were scheduled to be on duty . . . but were not present as called for by the Staffing Schedule.

In an interview with the Administrator on . . . at 10:30 AM, she agreed that the two Staff members A and C were scheduled to be on duty but were presently off duty and that these changes were not reflected in the current Staffing Schedule as required. She also stated that the schedule for the

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weekend shift to was also incorrect as Staff A and C listed to work were replaced with another staff member. She further acknowledged that the Administrator hours for the monthly schedule were also incorrect. Due to the aforementioned discrepancies an accurate count of the facility's staffing hours for a census of 4 residents could not be determined.

Class lll

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

08, 2014

Administrator
Garden Of Roses
3629 SE 2nd St
Boynton Beach, FL 33435

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted 23, 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 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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