STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953640	06/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hope Garden Assisted Living & Ecc, Inc	2011 Nw 59th Way Lauderhill, FL 33319	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards 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 Relicensure survey with Extended Congregate Care (ECC) survey was conducted on [redacted] at Hope Garden Assisted Living & ECC .The facility had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on interview and record review, the facility failed to properly complete the AHCA Resident Health Assessment Form (AHCA Form 1823), for 2 of 2 sampled residents' records reviewed (Resident # 3 and # 6).

The findings include:

1) Review of Resident # 3's record, revealed the Resident Assessment Form was not properly completed on [redacted] (examination date). The documentation of the type of assistance Resident #3 required for taking his medications was blank. Further record review revealed no documentation of aforementioned information. During an interview with the Administrator on [redacted] at approximately 5:25 PM, he reviewed the records of Resident #3 and confirmed the AHCA Form 1823 was incomplete. He stated that Resident #3 requires assistance to take his own medications and that no further documentation was available for review.

2) Review of Resident # 6's records revealed the Resident Assessment Form was not accurately completed on [redacted] (examination date). The resident was documented as requiring medication administration when in fact he has been receiving assistance with self administration. This was confirmed based on documentation from his medication administration observation record, which was initialed by unlicensed staff indicating the resident received assistance with self-administered

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medications. Further record review revealed no documentation of the correction to the inaccurate information on the AHCA Form 1823.

In an interview conducted on at 3:24 PM with unlicensed Staff A, she confirmed that she assist Resident #6 with his self administration of medications. On at approximately 5:25 PM during an interview with the Administrator, he reviewed the records and confirmed he did not have an accurate 1823 Assessment Form reflecting the current type of medication assistance (method) needed by Resident #6.

Class III

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

Based on record review and interview, the assisted living facility failed to maintain a written work schedule to reflect its 24-hour staffing pattern for a given time period for a census of 7 residents.

The findings Include:

Record review of the most current facility's " Work Scheduler" available dated revealed that Staff B was on the schedule to work Sundays 7AM -3PM & 8PM- 7-AM,Monday 7AM- 7 PM, Friday 7AM -3PM & 8PM- 7-AM and Saturday 7AM -3PM & 8PM- 7-AM. Staff A's was on the schedule for Monday 7PM -7AM, Tuesday 7AM -3PM & 8PM- 7-AM,Wednesday 7AM -3PM & 8PM- 7-AM,Thursday 7AM -3PM & 8PM- 7-AM off Friday, Saturday and Sunday.

In an observation conducted on (a Friday) Staff A and the Administrator were the only staff present at the facility. According to the schedule for Staff B was documented on the schedule to work from 7AM-5PM and 8PM- 7AM and Staff A was off. In an interview conducted on at 11:40 AM with Staff A, she reported that Staff B was out on sick leave and that she is working for her.

In an interview conducted with the Administrator on at 11:30 AM, he confirmed that Staff B was currently not working, that she called in sick but failed to update the schedule accurately..

Class III

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

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation, record review and interview, the assisted living facility failed to ensure the facility menu was followed at all times .

The findings include:

A review conducted on at 11:45 AM, of the facility 's posted lunch menu for revealed the following meal for the day: soup of the day, turkey sandwich, beet salad, bread with margarine, cake and beverage .

In an observation conducted on at 12:30 PM of the facility 's lunch meal served to the residents, it consisted of soup of the day, turkey sandwich, bread with margarine, cake and beverage . Further observations of the meal revealed the facility did not serve the beet salad or a substitution for this item. In an interview conducted on at 1:10 PM with Staff A, she confirmed that she had not served the beet salad , stating that she did not have it available.

In an interview conducted on at 1:45 PM with the Administrator, he confirmed that the beet salad was not served and that a comparable substitute was not served either.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interview, the assisted living facility failed to maintain a safe living environment which was free of hazards and maintained in good working order.

The findings include:

1) An observation made on at approximately 1:15PM, was observed to have the cover over the locking mechanism of the closet door missing.

2) An observation made on at approximately 1:15PM, was observed to have an abundance of stains on the ceiling in multiple locations.

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3) An observation made on [redacted] at approximately 1:20 PM, the [redacted] to [redacted] was observed to have a stained and corroded grab bar in the shower.

4) An observation made on [redacted] at approximately 1:20 PM, the [redacted] to [redacted] was observed to have a black substance around the sink area and holes in the wall.

5) An observation made on [redacted] at approximately 1:12 PM, the brown couch in the day [redacted] stained and the cushion was in disrepair.

6) An observation made on [redacted] at approximately 1:25 PM, [redacted] was observed to have stains on the ceiling.

In an interview conducted on [redacted] at 2:40 PM with the Administrator, he confirmed the findings and stated that he is in the process of getting facility back in shape.

Photographic evidence obtained of aforementioned.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Hope Garden Assisted Living & ECC, Inc
2011 NW 59th Way
Lauderhill, FL 33319

RE: Relicensure survey on

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 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 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/dso
Enclosure: State form 5000-3547
XG90

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