STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967297	07/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Garden Valley Retirement Home, Llc	18140 Nw 90 Avenue Miami, FL 33018	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - / S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on , 2014. Garden Valley Retirement Home Inc had the following deficiencies at time of survey.

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

Based on record review and interview, the facility failed ensure 1 out 5 sampled resident to have a health assessment document in her file for review during survey.

Findings includes:

Record review revealed that resident #4 (admitted to the facility on -) did not have her health assessment for review at time of survey.

Interview with the administrator on - , confirmed resident #4 did not have her health assessment information in her chart.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on record review and interview facility failed to have the administrator to have 12 hours of continued education in topics related to assisted living.

Findings includes:

Record review revealed that employee A (administrator, hired) did not have her 12 hours of continued education in topics related to assisted living in her file for review during survey process.

Interview with the administrator on - at 2: 00 PM, she confirmed she did not complete the 12 hours of continued education in topics related to assisted living in her file for review during the survey.

Class III

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview facility failed to ensure 1 out of 4 sampled employees to have completed the required in-service training.

Findings includes:

Record review revealed that employee D (caretaker/HHA, hire date unknown) did not complete training in the areas for Reporting Major & Adverse Incidents, Facility Emergency Procedures and Evacuation, Resident Rights, & Recognizing and Reporting Resident , Neglect and .

Interview with the administrator on - at 2:00 pm, she confirmed employee D. did not have the required in-service trainings.

Class III

0082-Training - / 58A-5.0191(3) FAC

Based on record review and interview, the facility failed to have 2 out of 4 sampled employees to have their training's in / .

Findings includes:

Record review revealed that employee B. (caretaker;) and employee C (caretaker,) did not complete training / .

Interview with the administrator on - at 2:00 pm, she confirmed both employees did not have training in the areas for / .

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on record review and interview facility failed to have 3 out of 4 sampled employees to have their training's in nutrition and safe food handling.

Findings includes:

Record review and interview revealed that employees B (caretaker; started on), C (caretaker, started on -) and D (caretaker/HHA, hire date unknown) did not complete training in nutrition or safe food handling.

Interview with the administrator on - at 2:00 pm, confirmed employees B, C and D did not have training in the areas of nutrition or safe food handling.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967297	07/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Garden Valley Retirement Home, Llc	18140 Nw 90 Avenue Miami, FL 33018	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0090-Training - **58A-5.0191(11) FAC**

Based on record review and interview, the facility failed to ensure 2 out of 4 sampled employees are trained in . ( ) Training.

Findings includes:

Record review revealed that employees C (caretaker, hired on -) and D (caretaker/HHA, hire date unknown) did not have training in

Interview with the administrator on - at 2:00 pm, confirmed employees C & D did not have training in the areas for Policy and Procedure.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview, the facility failed to ensure 1 out of 4 sampled employees have an employment application in their file.

Findings includes:

Record review revealed that employee D (caretaker/HHA) who works the night shift did not have an employment application with hire date and reference

Interview with administrator on - at 2:00 pm, she confirmed employee D (caretaker/HHA) did not have a employment application with hire date and references.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview, the facility failed to ensure 1 out 5 sampled resident to have a demographic document in her file for review during survey.

Findings includes:

Record review revealed that resident #4 (admitted on -) did not have demographic sheet for review.

Interview with administrator on - , confirmed resident #4 did not have demographic sheet for review.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967297	07/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0167-Resident Contracts 58A-5.025 FAC

Based on record review and interview, the facility failed to ensure 1 out 5 sampled residents have a signed and dated contract between the facility and the resident at time of admission.

Findings includes:

Record review revealed that resident #4 (admitted to the facility on -) had a contract in the chart, but it was not signed or dated by the resident and administrator at her.

Interview with the administrator on - at 2:00 pm , confirmed that resident #'4's contract was not signed or dated at the time of her admission to the facility.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure 1 out of 4 sampled employees to are trained in Limited Mental Health (LMH).

Findings includes:

Record review revealed that employee D (caretaker/HHA, hire date unknown) did not have complete training in LMH.

Interview with the administrator on - at 2:00 pm, confirmed employee D did not have training in the areas for LMH.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Garden Valley Retirement Home, Llc
18140 Nw 90 Avenue
Miami, FL 33018

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on , 2014 by representative(s) 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 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(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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